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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 174

CERTIFICATE OF DEATH

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	rag. Dis	1. 140.
1. PLACE OF DEATH o. COUNTY DAT TIMORE COMMITTEE MARYLAND	o. STATE b. COUNTY	
BALTIMORE COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b		
Jowson-4	55	
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
7502 Rocksham Drive		YES NOX
		Day Year
	1 4 3 4 4 4	1 YEAR IF UNDER 24 HRS. Days Hours Min.
Female White WIDOWED DIVORCED	March 4,1879 81 yrs.	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
none	Oswego, N.Y.	,
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Constandine Yeager	Constance Winter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	INFORMANT Address	
M ₃	rs. Ruth Kelly-7502 Rockshar	m Drive
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	y Edenal	2 hrs
1522 X DUE TO	1 - 1 - 1	
Conditions, if ony, which) (b) Macan	deal Failure	
gove rise to immediate couse (a), stating the under-		,
lying couse lost. (c)		
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
	TY MARYLAND MARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give neare reet address) Address ADTE OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give neare reet address) Address ADTE OF STAY IN 1b ADATE OF BIRTH ADATE OF BIRTH MONTHS DOY MARYLAND MACH 4, 1879 ADATE OF BIRTH MONTHS DOY ADATE OF BIRTH MONTHS B1 1/5/61 ADATE OF BIRTH MONTHS DOYS 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stole or foreign country) OSWEGO, N.Y. 12. CITIZEN OF OSWEGO, N.Y. 13. MOTHER'S MAIDEN NAME CONSTANCE WINTER CONSTANCE WINTER MYS. RUTH KEILY-7502 ROCKSham Dr INTER ONSE ON	ounty) (State)
21. I certify that I attended the deceased from Morumles	2419 19 ta Jan 5 196/that 11	ast saw the decease
1 1	1 1 1 1 1 1 1	
1 01		DATE SIGNE
SIGNATURE Server Telemore	Morteetherillo med	1/5/61
PHYSICIAN'S SEARGE T. GILMORE !	40.	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
BURIAL 1/9/61 St. Peters		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	10
WIEDEFELD & SON-CREENMOUNT & 22NT	1 1814 6 '61 Outhur &	Though

CERTIFICATE OF DEATH. Dr. Committee \$502 Back stone Dates The state of the s 77 T.H . cestre aw.Co. madeslock Solda-vise Little are Committee of the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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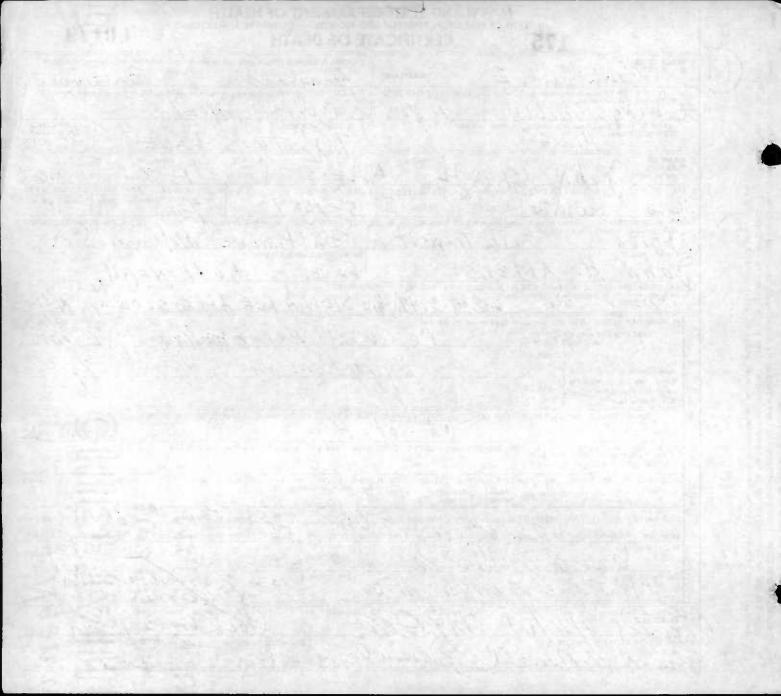
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	1. PLACE OF DEATH O. COUNTY BALTINOY E MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY BALTIMOY E MARYLAND
/	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESTDENCE ON A FARM?
	HOME YES NO
	3. NAME OF DECEASED (Type or print) JOHN CHAROLL Middle ALLERS DEATH 1-8- Day Year 1961
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost bythdoy) Months Days Hours Min. 1
	106 OSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	AFTITED BALTO MANSIT DALTIMONE MO MIS MISTAGE 14. MOTHER'S MAIDEN NAME
	JOHN H. ALLECS LAUENIA MULLINEAU 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address CO 17EJ
	(Yes, no. openinown) (If yes, give wor or defee of service) 215.09-3749 Mrs STELLE LEE ALLEYS, OWINGS MILLS
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH ENUMYS.
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) // // // // // // // // // // // // //
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO.
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nowire of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of wo
	21. I certify that (I) (this haspital) attended the deceased from DD: 1953 to Jan. 1961, that (I) (we) last saw the deceased alive an Jan. 6 1961 and that death accurred an 2M, from the causes and on the date stated above.
	220. SIGNATURE ATTENDING MED. STAFF 226. DATE PHYS. 226. DATE
	22c. PHYSICIAN'S NAME (Type) James A-Miller M.D. 22d. ADDRESS 1331 Reisterstown Rd Pikes ville - Fingl
1	230/BURIAN REMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 20d. JOCATION (City, town, or county) (51019)
0	ADDRESS ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Market Control of the

TO HOSF TO R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be and by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbor pages. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremation, ar removal, and in any event, within 72 hours after death.

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IO HOOF TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

See death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compiled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emove carbon papers. Pages and 2 should be detached for use as the burial-transit permit. Then please emove carbon papers. Pages and a should be detached for use as the burial-transit permit. Then please emove carbon papers. Pages and 2 should be detached for use as the burial-transit permit. Then please emove carbon papers. filled in by the funeral Pages 1 and 2 should

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		MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 176 Ltem CERTIFICATE OF DEATH et

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)		
P //:	a. STATE Md b. COUNTY		
- Davidione	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)		
write RURAL and give nearest town)	\ n 1 . //		
Parkville	X Parkville		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?		
7822 Old Hartord Rd.	1 7822 Old Hartord Rd. YES NO IN		
3. NAME OF U First Middle	Last 4. DATE Month Dey Yeer		
(Type or print)	A 1		
B. COUNTY Baltimore C. CITY OR TOWN If outide corporate limits, write RURAL and give no work of the composite limits, write RURAL and give no work of the composite limits, write RURAL and give no work of the composite limits, write RURAL and give no work of the composite limits, write RURAL and give no work of the composite limits, write RURAL and give no Park ville C. CITY OR TOWN If outide corporate limits, write RURAL and give no Park ville C. CITY OR TOWN If outide corporate limits, write RURAL and give no Park ville C. CITY OR TOWN If outide corporate limits, write RURAL and give no Park ville C. CITY OR TOWN If outide corporate limits, write RURAL and give no Park ville C. CITY OR TOWN If outide corporate limits, write RURAL and give no Park ville C. CITY OR TOWN If outide corporate limits, write RURAL and give no Park ville C. CITY OR TOWN If outide corporate limits, write RURAL and give no Park ville C. CITY OR TOWN If outide corporate limits, write RURAL and give no Park ville C. CITY OR TOWN If outide corporate limits, write RURAL and give no Park ville C. CITY OR TOWN If outide corporate limits, write RURAL and give no Park ville C. CITY OR TOWN If outide corporate limits, write RURAL and give no CITY on Information The Park I DATK C. CITY OR TOWN If outide corporate limits, write RURAL and give no Park ville C. CITY OR TOWN If outide corporate limits, write RURAL and give no Park ville C. CITY OR TOWN If Outide corporate limits, write RURAL and give no Park ville C. CITY OR TOWN If outide corporate limits, write RURAL and give no Park ville C. CITY OR TOWN If Outide Corporate limits, write RURAL and give no Park ville C. CITY OR TOWN If Outs decreased limits, write and give no Park ville of STREET ADDRESS The RURAL and give no Park ville of STREET ADDRESS The RURAL CEMANION, 123b DATE THEREOF, 124c. NAME OF CEMETERY OR CREMATORY The			
a. STATE Baltimore Baltimo			
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Count & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
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4.4	6 1 1		
	INFORMANT Address		
	Miss Marie Alaisi same		
	INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:	+ The left lund Quanthe		
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY		
DILL THE			
200 ACCIDENT WAS LINDSPLYING TO 1 201 DESCRIBE HOW INTERVOCCUE			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete)		
Hour e.m. While Not While	ectory, street, office bldg., etc.)		
21. I certify that (I) (this hospital) attended the deceased from	14.16.19.6.0 19, to		
saw the deceased alive on	at death occured atM, from the causes and on the date stated above.		
22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED		
Millory	DIRECTOR DIVING		
NAME (Type)	7122 Martory Rd Baltoll		
23e. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (Stete)		
REMOYAL (Specify) /- 21-/ 11. D. J.	aman Camatany Roltimona Md		
1.34 LONEKAT DIRECTOR 2 21GHATORE ADDRESS			
Leonard J. Ruck 5305 Hartord Rd.	DATE JAN 1 9 '61 Circhay & Kroud		

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files. Health,	0. COOI411	Balti	more			MARYL	AND	e. STATE	Maryl	and		b. COUN	Balt	imor	e
S. F. E. E.	b. CITY OR	TOWN (if o	utside corpora	ete limits,	c. LE	NGTH OF STAY	IN 1b				orporete	limits, write	RURAL end	give nee	rest town)
P S E S		Dunda	lk		9	yes.		X	Dunda	ılk					
So o o	d. NAME (OF HOSPITA	L OR INSTITU	TION (if not in	hospital, g	street addres	s)	d. STREE	T ADDRESS				7-014	1	ON A FARM
\$ 0 0 E		7622	Spruce							Spruc					YES NO
he Start deat	3. NAME O	ED		First		Middle		Last		4. DAT		Month		Dey	Yeer
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, and	Female		White			DIVORCED	U ,	2/22/	1910			O yrs.	110 61717	511 051	ALL T COLLUT
s affinge and	done during n	nost of worki	ng tife, even	if retired)	. KIND OF	BUSINESS OR II	NDUSIKI	II. BIKIHP	LACE (State	e or foreign	country	111	12. CITIZ	EN OF V	VHAT COUNTS
nour iges ies i	HOUS 13. FATHER'S	NAME	E C					14. MOTHER	3ALI	IMOR	e.	MO,	1 11.	. 0.	. 4.
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EÖEET I	15. WAS DEC	EASED EVER	IN U.S. ARMI	ED FORCES? 1	16. SOCIA	L SECURITY NO	. 17. 11	NFORMANI	760	TORI	110	Address	Rd.		
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uria veria	Condition	s, if any,		(b)	chro	nic al	coho	lism	4521						
sho s s c a b	gave rise	to immediate	cause	OUE TO								1946			
iner iner d as	cause last	ng the und	erlying	(c)											
"pe "pe use use ion,	PART	II. OTHER S	IGNIFICANT	CONDITIONS	ONTRIBUT	ING TO DEATH	BUT NO	T RELATED TO	THE TERM	INAL DISEA	SE CON	DITION GIV	EN IN PART 1	(a) 19.	WAS AUTOPS PERFORMED?
ord ord	PART OLIVER DE LEXT PRIMARY CAUSE O													YES	
w e w edic	2De. EXT	ERNAL CAU	SE WAS		CRIBE HO	W INJURY OCC	URED. (E	nter nature of	injury In Pe	ort for Part I	I of item	18.)			
ER A String															
MIN Chie	0	E OF INJURY	Month, D			OCCURRED 2		CE OF INJURY ory, street, office			City or 1	lown)	(Count	γ)	(State)
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CA de different de contraction de co	death re	esulted fro	m: Natu	ral causes	, Ac	cident,	Suici		Homicide			ermined m	anner		
the character th	ACTUA	. /	A.	00 0-	1	0	/			EXAMINER		_			
MEDI forwar IL DIR saled ag	SIGNAT		Close	48	10	then		M.D.		DICAL EXA				7 /2	0/61
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DES should FUNE its des	22e. BURIAL, C	CREMATION				NAME OF CEME	TERY OR		ress (Street,	eity, town,		l (City, town,	or country)		(Stele)
O Pleas O Shari	REMOVA	L (Specify)	2/2	11961	ne	w Cat	Kedi	al (en	n.	78	- Ph	- 9h	201		
HH	23. FUNERAL		,,,,,	0		DDRESS			24e. RE	C'D BY REG	ISTRAR	24b. REGI	STRAR'S SIG	NATURE	
VS. A15ME 5M 7/59	-64 >	9		A.	Punt	2			DATEE	B 1 '6	61	and	may 8. 10	rand	
	35	197	- 18	Ans	(99	7)									

TO HOST AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

S A may be retained by the hospital or attending physician.

You FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, apartmany event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

8		PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where		Residence before admission)
1		Saltimore MARYLAND	o. STATECMA.	b. COUNTY	Otemore
		b. CITY OR TOWN (if outside caporate limits, c. LENGTH OF STAY IN 16 write RURAL end give noticed town)	c. CITY OPTOWN (If outside con	rporata limits, write RORAL an	
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF Find Middle	d. STREET ADDRESS	Polling A	ON A FARM? YES NO
		(Type or print) NEWTON R. AMMON	Lest 4. DATE OF DEAT	1000	8 196/
	J.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	1/4/09	AGE (In yeers lest birthday) yrs. IF UNDER: Months	YEAR IF UNDER 24 HRS. Deys Hours Min.
	10e do	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	11. BERTHPLACE (County & State, o		IZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	4. MOTHER'S MAIDEN NAME	matris	
/	15. (Ya	. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN as, no, or unkown) Hypesgive were references of service)	FORMANT Louise M. amme	Address	ena lond - 28
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO	are decompensa	tion	INTERVAL BETWEEN ONSET AND DEATH 2 Marien
		Conditions, if eny, which geve rise to immediate couse (a), stating the underlying couse lest. (b) Authorized Collection C (c)	orang artery	desearl	6 yrs,
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE	E CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO
		200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		II of item 18.)	
	MEDICAL		E OF INJURY (Home, farm, 20f. (Ci y, street, office bldg., atc.)	(Cou	inty) (State)
1		21. I certify that (I) (this hospital) attended the deceased from	19.5.4, 19, to	//	the date stated above.
mint		220. SIGNATURE a. hisbett of - M.D		STAFF PHYS.	22b. DATE SIGNED 1-19-61
ntornh		22c. PHYSICIAN'S NAME (Type) JOHN A. NESBITT, JR	1118 It Paul	St., Baltimo	
Den		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CEMETERY OF COMMENTS.	n Ceruting wo	CATION (City, town or count	eter-Md
	71	Mus Mart & Son IS	DATE JAN 2 4	STRAR 256. REGISTRAR'S 61 arthur 8	

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b. CIT OR TOWN (if outside corporate limits, write RURAL and give neorest fown) TOWN ON TOWN ON ANAME OF HOSPITAL (if not in hospital, give littered address) OR HOSPITAL (if not in hospital, give littered address) OR HOSPITAL (if not in hospital, give littered address) OR HOSPITAL (if not in hospital, give littered address) OR HOSPITAL (if not in hospital, give littered address) OR HOSPITAL (if not in hospital, give littered address) OR HOSPITAL (if not in hospital, give littered address) First MANNE OF HOSPITAL (if not in hospital, give littered address) SEX OR GOLDS OR RACE MARKED NEVER MARKED NEVER MARKED NEVER MARKED NEVER MARKED NEVER MARKED NEVER MARKED NOV. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	o. COUNTY	ore	MARYLAND	o. STATE			ce before admission)
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d. STREET ADDRESS OR INSTITUTION Prestyterian Home In Ame Of Deckapp (In the Interpretation Home) In Interpretation Home In Ame Of Deckapp (In the Interpretation Home) In Interpretation Home	m		15 years	Emmittsburg	or.		
NAME OF First Middle Lost A. DATE	d. NAME OF HOSPITAL (If no	t in hospital, give stre	eet address)		AIT Y	10 x	ON A FARM
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24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE	REMOVAL (Specify)				Pomitts	hure May	ryland
John O. Mitchell & Sons. Ing. 1900 Eutaw Place DATE IAN 1 9'61	24. FUNERAL DIRECTOR'S SIGNA		ADDRESS	25a. REC		56. REGISTRAR'S SI	GNATURE
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a. COUNTY			MARYLAND	o. STATE	ere deceased				sian)
b. CITY OR TOWN RURAL and give	(If autside corporate limits nearest town)	, write c.	LENGTH OF STAY IN 16	1		role limits, write R	URAL and give ne	arest town	n)
d. NAME OF HOSP OR INSTITUTION						ndale A	₩é Road		FARM?
DECEASED					OF			-,	Year 19 67
				4 4 4		9. AGE (In years lest birthday)	IF UNDER 1 YEAR	Hours	ER 24 HRS. Min.
Welder	rking life, even if retired)			g Baltimo	ore,				COUNTR
	Ernest Ax	t		unl	known				
res, no. or unknown)		rice1			to A			re	
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gave rise to cause (a), stating	ony, which (b)_ immediate the under-								
		ITIONS CON	TRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	PERFC	AUTOPSY ORMED?
	G CAUSE OF DEATH	POb. DESCRIB	E HOW INJURY OCCURR	ED. (Enter nature of injury in f	Part I or Pari	I II of item 18.)			
20c. TIME OF INJU Hour a.m. p. m.		While _	Not wkile	PLACE OF INJURY (Hame, form octory, street, office bldg., etc.	20f. (City	ar town)	(Caunty)		(State)
21. I certify	hat I attended the	deceased	from lupus	1 1948, tock	may	29, 196	that I last s		

om the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(State)

Redeemer Cemetery Charles E.Schimunek 3331 Brehms Lane Funeral Home

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

JAN 31 '6

Circling S. Kraus.

TO HOSPIT moy be VS A15 (4) 15M 9/55

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	the funeral directar,	shauld be filled with	1	1
	the attending physician and campletely filled	Then please remove corban papers. Pages I ama a	and in any event, within 72 hours after death.	
may be a me marginal of offerious private in	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director,	page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 des 2 shauld be fixed with	the State Board of Health prior to burial, cremation, or remaval, and in any event within 72 hours after death.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

VR A15 (4) 1SM 9/59

1. PLACE OF DEATH	3.03			1	2. USUAL RESIDENCE (WH	nere decease	ed lived. If institu	ution: Residence	ce before a	dmission)
o. COUNTY Bal	Ltimore		MARYLAN	D	o. STATE Marylan	nd	b. COUNT	Y Kent		
b. CITY OR TOWN (I	f outside corporate limits,	write c.	LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (If o	outside corp	orote limits, write	RURAL ond g	ive nearest	town)
RURAL ond give ne	ings Mills		30 yrs.		Rock Ha	all				
	AL (If not in hospital, give	street odd			d. STREET ADDRESS			11 - 1	e. 15	RESIDENCE
Ros	sewood St. Tr	raini	ng School		None			4X	-2 YE	S NO 2
NAME OF DECEASED	First	16	Middle		Lost	4. DATE		onth	Day	Year
(Type or print)	Charle	es	Frankli	in	Baker	DEATH		1	1	1961
. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In year			JNDER 24 HR
Male	White w	IDOWED [DIVORCED		3/12/27		33 VI		Days Ho	ours Min.
a. USUAL OCCUPATIO	ON (Give kind of work don king life, even if retired)	e 10b. KIN	D OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLACE (Stote	or foreign	country)	12.CITI	ZEN OF WH	IAT COUNTRY
none	ang me, even it remed,		none		Marvl	and			U.	S.A.
B. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME				
William	Baker				Lillian	Wats	on - Elk	ton, M	aryla	nd
	R IN U. S. ARMED FORCES		CIAL SECURITY NO. 1	7. INFO	DRMANT		Ac	ddress		
no			none		Rosewoo	d Rec	ords			
18. CAUSE OF DEA	TH [Enter only one couse	per line f	or (o), (b), and (c).]		Year of the	71.54			INTERVA	L BETWEEN
Conditions, if o gove rise to it couse (o), stoting lying couse lost. PART II. OTH	mmediate (DUE TO				Pneumonia an				T 1(o) 19. W	VAS AUTOPS
Constin	uadriplegia								P	ERFORMED?
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY					(Enter noture of injury in	Port I or Po	ort II of item 18.)		76.	S NO E
20c. TIME OF INJUR Hour o. m. p. m.	10	20d. INJU While of work [Not while		E OF INJURY (Home, form ry, street, office bldg., etc		y or town)	(0	County)	(Stot
21. I certify that saw the decease	it (I) (this hospital) of sed alive an				9/10 19 ath accurred at 8:]	31, ta	1/1 The causes of			(I) (we) la ated abav
22c. PHYSICIAN'S	ry D. L.	ut	ter m.	JM.	D. ATTENDING MPHYS. DI	ED.	STAFF PHYS.	,	1/	226. DATE SIGNE 3/61
NAME (Type)	G Butler, N	1.D.			Posewor	1 da	ne, Oc	wing	Mi	1611
3a. BURIAL CREMATIO REMOVAL Specify)	1-3-6	1/20%	angton	Y OR	Down	13/	TION (City, town	nor	5,1	(Stote)
I. FUNERAL DIRECTOR	SSIGNATURE	, ,	ADDRESS	-	250. REC'	D BY REGIS	STRAR 2Sb. RE	GISTRAR'S SIC	Frank	

FR197

nay be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

182

CERTIFICATE OF DEATH

00186 Rea. Dist. No

1. PLACE OF DEATH o. COUNTY Ba	ltimore	MARYL	II o STATE	DENCE (Where dec	ceased lived. If institute b. COUNTY	Υ .	efore admission)
RURAL ond give ne	f outside corporate limits, carest town)	write c. LENGTH OF STAY IN			corporate limits, write		
	altimore				Baltimore		OdeX- 2
OR INSTITUTION	AL (If not in hospitol, give mmit Nursi	ng Home	d. STREET A		monds Fer	ry Fr.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle ANTOINETTE B	ARGAR	01			Day Year 19 61
5. SEX	187	MARRIED NEVER MARRIED			9. AGE (In years lost birthdoy)	Months Davi	AR IF UNDER 24 HRS. s Hours Min.
House	ing life, even if retired)	10b. KIND OF BUSINESS OR	Mai	yland	ign country)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME	2 2 00			MAIDEN NAME			
	el Duffey			arah Joh			
15. WAS DECEASED EVE [Yes, no, or unknown) NO	R IN U. S. ARMED FORCE: (If yes, give wor or dates of service	S? 16. SOCIAL SECURITY NO.	Mrs. Star	nley El		Athol	Gate La.
Conditions, if of gave rise to it couse (a), stating lying cause last. PART II. OTHER	the <u>under-</u> DUE TO (c)_	Cera bra	H BUT NOT RELATED TO	fano,	Sc/2 ros	•	19. WAS AUTOPSY PERFORMED?
PART II. OTH	S UNDERLYING [] 20 [] CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCC	CURRED. (Enter noture o	f injury in Part I o	r Part II of item 18.)		YES NO
20c. TIME OF INJUR Hour o. m. p. m.		20d. INJURY OCCURRED While Not while of work at work	Oe. PLACE OF INJURY (factory, street, office	Home, farm, 20f.	(City or town)	(Count	ly) (State)
21. I certify th	at I attended the d		leath accurred at		fram the causes \$\$ (Street, city or town	and an the d	saw the deceased
ACTUAL SIGNATURE	19/5	F Mich	M.D	1303	Freder	icklo	d 1/7/6
PHYSICIAN'S NAME (Type)	VV_	5-11-6×	617	Cet	WANINI	John	c / /
REMOVAL (Specify)	1/9/61	22c. NAME OF CEMETI			ocation (City, town, Baltimore		(State)
23. FUNERAL DIRECTOR		ADDRESS	-1	24a. REC'D BY RI		SISTRAR'S SIGNAT	
JOHN F.	DENNY. INC	. 715 Light	St30	DATE JAN 9	61	1-12 Lun 8 49	C-UA

	TE OF DEATH		381	
	CONTRACTOR OF THE PARTY OF THE		*	
		The Manual Control of the Control of	<i>t</i> ,	
PARTIE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T				
	The Attention of the			
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ANTINATION N. 1-911	7			March Programs
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				120
	4.75			in Ame
			CONTRACTOR OF THE CONTRACTOR O	
sometimes and a		de della elv.		

	183		CERTII	FICA	TE OF D	EATH	1		Reg. D	ist. No.		18;
1. PLACE OF DEATH g. COUNTY	Baltimore		MARYL	AND	o. STATE	Md.	ere deceased	l lived. If institut b. COUNTY		nce befo		sion)
b. CITY OR TOWN RURAL ond give I Reisters		its, write	c. LENGTH OF STAY I	N 16			outside corpor	rote limits, write l	RURAL ond	give ned	prest town	1)
d. NAME OF HOSP OF INSTITUTION 20 Berry	sman Lane	give street	address)		d. STREET AD		man La	ne	7		e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Gertie	rst	Middle May		Barnh	art	4. DATE OF DEATH	мо	nth n. 17	7, 19	1/2	Year
s. sex Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIE		July 24,	1879		9. AGE (In yeors lost birthday) 81 yrs.	Months		Hours	Min.
during most of wa Housew	ION (Give kind of work rking life, even if retired ife	done 10b.	KIND OF BUSINESS OF	RINDUS	Ma	rylaı	nd	ountry)	12. CI	TIZEN OI	USA	COUNTRY
13. FATHER'S NAME William							NAME E. Str					
1S. WAS DECEASEDEV (Yes, no. or unknown) NO	ER IN U. S. ARMED FOR (If yes, give war or dates of a NO	ervice)	social security no.		FORMANT 'S. Marie	в. 1	Flater	14.5	urg,	Md.		
Conditions, if gove rise to couse (a), stating lying cause last	the <u>under-</u> DUE TO	Ade	alnutriti	oma	of rec	tum				2	erval Be Set and eeks	DEATH
20g. ACCIDENT W	THER SIGNIFICANT CON (AS UNDERLYING G G CAUSE OF DEATH		CRIBE HOW INJURY OC						VEN IN PA	RT 1(o) 1	PERFC	AUTOPS' DRMED?
-	RY Manth, Day, Ye	While	NJURY OCCURRED Not while k at work		CE OF INJURY (H tory, street, office			or lown)		(County)		(State
actual SIGNATURE	hot I attended the anuary 16 Mortin E. Martin E.	Saga	61 , and that	death	accurred all	2:15 ain	M, fram ADDRESS (St Stree	reet, city or town,	nd an th , state)	ne date	stated	
220. BURIAL, CREMATING REMOVAL (Specify Burial	ON. 22b. DATE THEREO)F	22c. NAME OF CEME				22d. LOCAT	TON (City, town,			(State	łe)
23. FUNERAL DIRECTOR			ADDRESS sterstown.			24a. REC'		RAR 24b. REG		1 1	RE	

TO HOSPITATE ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death. Page 4 may be the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

IT STORED AND THE REPORT OF THE PROPERTY OF TH 4 1 1 1 COLUMN ACTION a sea of Haut Aut Auto and Auto force to the drawning and a confidential and a superior not all and the second of the The Court of the C BAT star toxc, Entrylan-医动物性 经工作的 医二进程 化化二烷 Let aterorogent by

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 the funeral director, should be filed with TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 I may be a lead by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board at Health prior to burial, crematian, or remaval, and in any event, within 72 haurs offer death.

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

C0188

	10/		GERTINIG							
1. PLACE OF DEATH	Baltimore		MARYLAND	2. USUAL a. STAT	RESIDENCE (WH	ere decease	d lived. If institut b. COUNTY	ian: Resider	nce before o	odmission)
L CITY OF TOWARD	If outside carporate limit	a write	c. LENGTH OF STAY IN 16				orate limits, write 1	WT AA	-1	of facina)
RURAL ond give n	nearest town)	s, wine	C. LENGIN OF SIAT IN 18	c. CITY				WHAT ONG	give neares	ir lown)
Tows			/ yrs.			timore	9	-5	V	1
OR INSTITUTION	TAL (If nat in haspital, gi			d. STR	ET ADDRESS					ON A FARM?
	Stella Mari	s Ho	spice		3108 Mi.	lford	Ave. How	ard F	'ark Y	ES NO
B. NAME OF DECEASED	Fin	it	Middle		Last	4. DATE OF	Moi	nth	Day	∀ear
(Type or print)	Mari	.e	Antoinette	Barry		DEATH	Jar	nuary	23	1961
S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years			UNDER 24 HR
F	W	WIDOWE	ED DIVORCED	10	/20/187	2	lost birthdoy) 88 yrs.	Months	Days H	lours Min.
00. USUAL OCCUPATION	ON (Give kind of work of	lone 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIR	THPLACE (Stote	or foreign c	ountry)	12.CIT	IZEN OF W	HAT COUNTRY
	rking life, even if retired)	500			Marvla	nd			U.S.A	
Hostess 13. FATHER'S NAME				14 MOTE	IER'S MAIDEN N				0.0.1	2.0
	onzo Luke B	TRMC			Ellen	_				
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	INFORMANT	11111011	DINE OIL	Ada	dress		
(Yes. no. or unknown)	(If yes, give war or dates of se	rvice)	SOCIAL SECORIT 140.		n		700	21033		
				Admis	sion Re	coras				
	ATH [Enter only one car	use per li	ne for (a), (b), and (c).]	1	~ .					AND DEATH
PART 1. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	1	criphine/as	Ceclar,	Colley	pse_				
570	DUE TO		0		110		1	DETS!		
Conditions, if	inv. which)		Tata-to	to stilla	a Hear	neh	me-			
gave rise to	immediate (francis 1/1	evina	1		1			
cause (a), stating			Vlenen	1/mk	Stellen		0			
lying cause lost.	- (0)		CONTRIBUTING TO DEATH BU	CC TOTAL	74470.	DISEAS	T CONDITION OF	VEN IN DAI	DT 1/- 1/10	MAC ALITORS
PART II. OT	HER SIGNIFICANT CON	DILIONS	ON I KIBUTING TO DEATH BU	JI NOI KELAII	D TO THE TERMI	INAL DISEAS	E CONDITION GI	VEN IN PAI		PERFORMED?
5		76.77				395.11			Y	ES NO
20a. ACCIDENT W	AS UNDERLYING AS CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter not	ure of injury in I	Part 1 or Por	rt II of item 1B.)			
	MEDICAL EXAMINER)									
	RY Month, Doy, Yea		NJURY OCCURRED 20e.	PLACE OF INJU	JRY (Home, form	, 20f. (City	y or town)		(County)	(Stote
Haur o.m.	19	While of wor	Idol wille	roctory, street,	office bldg., etc	.)				
		-	0	0		10	T	- /	۲٦ .	
		attend	ded the deceased fram	. 7	7.19	M. P. W.	January	, 19_0	للر, that	(I) (we) las
saw the decea	ised alive an L-1/	21/	19_61, and that	death accu	rred at	M, fram	the causes a	nd an th	e date st	tated abave
22a. SIGNATURE	11111	2	0	ATTEN		ED.	STAFF			22b. DATE SIGNE
1	over 4%	IKK	km	M.D. PHYS.		RECTOR -	PHYS. 🗆	30.3		
22c. PHYSICIAN'S NAME (Type)	///			22d. A	DDRESS	- 95				
111.mz (1)pc2	Robert	J.	Mahon		602 E	. Jopi	oa Road	Tows	son 4	
23a. BURIAL CREMATIC	ON, 23h, DATE THEREO)F ,	23c. NAME OF CEMETERY	OR CREMATO	RY /	23d 100CA	TIQN (City, town,	or county)	1,1	(State)
REMOVAL (Specify	P dreing wil	119%	At travelle	110-	retein	Envi	+11	Pl	LA	
24. FUNERAL DIRECTOR	SSIGNATURE	1.10	ADDRESS 1	2		D BY REGIS		ISTRAR'S SI	IGNATURE	
6/1-11	11/10	-	a at 11:2016	Redain	Tel Ila		104		- 11	
Jano	y wiss	401	CONT 17104.	Militaria	LAME	AN 25	011	Letters.	8. Thous	<u> </u>
t				Balto	15 ml					
				12/10/10						

REVISED STATEMENT				
			75;	
4			85 E52 OF	
		ALPACATION IN		
		The second second		
	The state of the s			

FOR STATE HEALTH DE TO DEL IX MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are delay is necessary, please exacute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the relative ral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 9 may be relatived for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CONTROL OF DEATH

ATT I				
1.	1. PLACE OF DEATH		2. USUAL RESIDENCE (Whare decaasad liv	red, If institution: Residence before edmission)
	a. COUNTY Baltimo	re MARYLAND	a. STATE Maryland b.	COUNTY Baltimore
DA A	b. CITY OR TOWN (if outside corporate limits		c, CITY OR TOWN (If ourside corporate limit	
V	write RURAL end giva nearest town)	11.11	5 5 T	(11.11
4	d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital give street eddress	d. STREET ADDRESS	Campus fulls
	0-1 (1 11 0	1		ON A FARM?
M	3. NAME OF Shelley Kg	aa Clistal	816 Shelly Road	YES NO NO
A	DECEASED	also sybleta	OF	Month Day Year
	(Typa or print) Mrs. Sib		Bates DEATH	yanuary 3ra 1901
	5. SEX 6. COLOR OR RACE	MARRIED NEVER MARRIED	9. AGE (In lest birth	yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	1 0.000	WIDOWED DIVORCED	-12 76 7807	yrs.
	10d. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired	10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Retired Sales La		Manstield, Uhio	USA
94	13. FATHER'S NAME	0	14. MOTHER'S MAIDEN NAME	1
	Adam Gross		Katherine Aschbal	d
2	15. WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	ddress
	(Yes, no, or unkown) (Ifyesgivewerordatasofser	H - / S D 1 m / //	rs. Jane Bates Prou	se 816 Shelley Ru
	18. CAUSE OF DEATH [Enter only one of			INTERVAL BETWEEN
LF)	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(DNOMAY	VI Carpense	GAISET AND DEATH
	42 0 DUE TO		1 marie	Joe de 11
	Control of the State of the Sta	Elaner les	1/1/11/120-1100	110 20
	gave rise to immediate cause	Semmo go	& Choupe and	a free
	(e), stating the underlying DUE TO			
10	(c)_	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART (e) 19. WAS AUTOPSY
-3	12			PERFORMED? YES NO []
	20e. EXTERNAL CAUSE WAS 20	b. DESCRIBE HOW INJURY OCCURED.	Enter natura of injury in Part I or Part II of item 18.)	IES NO L
	PRIMARY or CONTRIBUTING CAUSE OF DEATH.			
	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, ferm, 20f. (City or town)	(County) (Stata)
	Hour a.m.	While Not While fac	tory, street, office bldg., etc.)	(State)
		at work at work		
	21. I certify that I took charge of	-/-		nquiry [], and in my opinion
	death resulted from: Natural cau	ses Accident , Suic	7 -	ed manner
	10/11/1	1-180-	CHIEF MEDICAL EXAMINER	
d	SIGNATURE AMILE	TOKE UNILL	M.D. ASSISTANT MEDICAL EXAMINER	PATE SIGNED
	EXAMINER'S 1	- FMI	PEPUTY MEDICAL EXAMINER	1/2//1
35	NAME (Typa)	SI-ULBNN	Address (Streat, city, town, or county)	12/60
	22a. BURIAL, CREMATION, 22b. DATE THEREO	F 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City	, town, or country) (Stata)
	Burial 1/7/61		Mansfiel	a, Unico
	23. FUNERAL DIRECTOR	ADDRESS		REGISTRAR'S SIGNATURE
	Leonard J. Ruck 5:	305 Harford Road	2 #14 DATSAN 4 '61	arthur S. Kraus

Chief Company 10.20 Caroni (dathes No Jes ein melley our melle Van 1982 (2009) to 1987 (1987) of the first first and the second second and selection of the with the graph of the section of the state of the state of the AND THE RESIDENCE TO SEE THE SECOND PROPERTY OF THE PARTY COUNTY CHARLES NEED 10491 Leadera . West of the conformation of the second of the se

lled in by the funeral s. Pages 1 and 2 should TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

186 CERTIFICATE OF DEATH

Time.						
1	. PLACE OF DEATH		1			nstitution: Residence before edmission)
1	Baltime	ore	MARYLAND	e. STATE Maryl	b. COUN	Baltimore
1	b. CITY OR TOWN (if outsid	le corporete limits,	c. LENGTH OF STAY IN 16		If outside corporete limits, write	
4	write RURAL and give n		77 1	73 7 1 1		34014
-	Fort Howard	INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		l e. IS RESIDENCE
				G. STREET ADDRESS		ON A FARM?
-	Veterans Adr			1608 Dru	uid Hill Ave	17 YES NOT
3	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Year
	(Type or print)	MTLES		BELL	DEATH Januar	y 28 1%1
1	5. SEX 6. CC		RRIED X NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.
	35 3			7 7000	lest birthdey) 67 yrs.	Months Days Hours Min.
1	0a. USUAL OCCUPATION (G	05-0		ept. 7, 1893	3 67 yrs.	12. CITIZEN OF WHAT COUNTRY?
	done during most of working lif	fe, even if retired)				12. CHEST OF WAAT COOKING
_	Elevator Opera	ator	Public Buildings	Nancock, V	a.	U.S.A.
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Miles Bell			Millie	Stevens	
47	5. WAS DECEASED EVER IN U	S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IF		cal RecordSddress	
1	Yes, no, or unkown) (Ifyesgiv	_	TYATY			CHARD DEVECTOR
=			er line for (e), (b), end (c).	Baltimore I	.8, Md - FORT H	UWARD DIVISION INTERVAL BETWEEN
	PART I. DEATH WAS	CAUSED BY:				ONSET AND DEATH
	IMMEDI	IATE CAUSE (e)	BRONCHOPNEUMONIA			3 Days
	1491X	DUE TO				
	Conditions, if eny, which					
	geve risa to Immadiate ceu (e), steting tha undarlyir	DUETO				ALCOHOLD VALUE
1	couse lest.	9 (6)				
1	PART II. OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
100440	Burns, 1st	and 2nd de	gree, face, left	arm and han	id.	PERFORMED?
	Spastic Par	raplegia.	DESCRIBE HOW INJURY OCCURED.	/Enter action of lations in	Post I as Post II of item 10)	YES NO X
Cover	OR CONTRIBUTING CAL	USE OF DEATH	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	reli (or relit (i oi ilellit 10.)	
		AL EXAMINER)				
A DIGGE	20c. TIME OF INJURY		od. INJURY OCCURRED 200. PLAC	E OF INJURY (Home, farm ry, street, office bldg., etc.		(County) (State)
1 5	Hour a.m.		/hile Not While tacto	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	1		landed the deceased from	Ian 17	1967 to Ian 28	10 67 that (W (we) last
	21. I Certify margin	(mis nospilal) an	P 1047	17	37	, 19.61 that (M (we) last
		ve onJanZ	QIYQI, and that	death occured at	.M, from the causes	and on the date stated above.
	220. SIGNATURE	1/21/11/2	neo.		MED. STAFF	1/29/61
		albert.	M.I.	·	DIRECTOR PHYS.	1/29/61
	21e. PHYSICIAN'S NAME (Type)			22d. ADDRESS		
	JO	HN D. TALBE	CRT, M.D.	VAH, Fort	Howard, Maryl	and
2	3a. BURIAL, CREMATION, 2	36. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, tow	n or county) (Stafe)
	REMOVAL (Specify) Burial	2-2-61	Baltimore Natio	nal Cemeter	w Baltimore	Maryland
1-2	4 FUNERAL DIRECTOR'S SIGN	NATURE	ADDRESS .	25a. REG	C'D BY REGISTRAR 256, REG	
1			578 W. Biddle St			rthung S. Krous
)L	Hemsley Fune	ral Home	Baltimore, Mary	Tand DATE	- 0.	Zermi A. I dendes

That the first time Add that the activities in the con-HE SOOT V. LIVE WELL BY TORCE OF AND THE RESIDENCE OF THE PARTY ontre and and the centres fore, left alm on price. to the second se AND THE RESIDENCE OF THE PARTY 9-9-61 Committee Deli Sal Genetare Del Chin Bond normaley Popos at Home Leathmann, Marylans February Live

FOR STATE HEALTH DEPT TO DEP MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the sail director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 0 0

VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 91

1	a. COUNTY 7 A 7 A 7 A 7 A 7 A 7 A 7 A 7 A 7 A 7	Idence before admission)
9	DISTINIONE COUNTY MARYLAND MARYLAND	V
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and g write RURAL and give neerest town) MOCINT WILSON MORRYLAND 2 hours. RALTIMORE CITY	V 1-4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	e. IS RESIDENCE
	Mt. WILSON STATE HOSPITAL 1203 HULLST- BALTIMOR	YES NO
	DECEASED	30 19 6/
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In yeers lest birthday) Months Development	
		N OF WHAT COUNTRY?
	GUARD GARD ON SHIP BALTIMORE MA. US	SA
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	
	WALLACE DENEWICZ KOSE XSK, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	- 31/10
	(Yes, no, or unknown) ((fyesgive wer or deles of service) 215-09-3253 MRS, DELORES G BENEWICZ	St Balta
	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY / UTSE-ACCILOSIS	5 Glass
	OO2 X DUE TO	0
	Conditions, if any, Which (b)	
	gave rise to immediate ceuse (a), stating the underlying DUE TO	
	cause lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	PERFORMED? YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OF COR PCILMOIN ALE 20e. EXTERNAL CAUSE WAS PRIMARY OF TOONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	
		r) (Stete)
	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at work at work at work at work	
-1		and in my opinion
	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	
3	SIGNATURE . Z. CARLES M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S DEPUTY MEDICAL EXAMINER	1-30-61
	NAME (Type) 3. D CA FL-5 Address (Street, city, town, or country) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(State)
V	REMOVAL (Specify)	Mid
	23. FÜNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	NATURE
	Charles Later AVE. DATEFEB 3 '61 author 8. to	cause.
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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF THESE TREET, BALTIMORE 1, MARYLAND 92 188

1.	PLACE OF DEATH e. COUNTY				2. USUAL RESIDER		ceasad lived, If i		enca befora	admission)
1	Baltimore			MARYLAND	a. Warylan	d	0. 00011			
/		f outside corporete limi give neerest town)	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	orate limits, wrlta	RURAL and gir	re nearest to	vn)
	Fort Howar			14 Days	Baltimo	re 17		31	01-	
6			if not in ho	spitel, give street eddress)	d. STREET ADDRESS	S		171		ESIDENCE A FARM?
4	Veterans A	dministrat	ion H	ospital	602 Smi	thson S	treet		YES	NO T
3.	NAME OF	First		Middle	Lest	4. DATE	Month	D	y Yes	ır
	(Type or print)	JAM	TPC	W.	BENNETT	OF DEATH	Januar	·V	17 19	61
5.	. SEX	6. COLOR OR RACE	7. MARRI	ED X NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	•		R 24 HRS.
	Male	Colored	WIDOW		February 15,	1894	last birthdey) 66 yrs.	Months Dey	Hours	MIn.
10 d	ona during most of wor	ON (Give kind of work	10b. 1	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Co.	unty & Stete, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
	Tailor			ry Cleaning Es	st. Wilson, N	. Carol	ina	U. S	. A.	
13	FATHER'S NAME				14. MOTHER'S MAIDE			1000		
	Washington	Ronnett			Rosa Benne	tt				
15	. WAS DECEASED EVE	ER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		Address	- 0	24 2	-
1,,	(es, no, or unkown) (If			217-01-5204 F	linical Record	ds VAH	Baltimo	ore 10,	Maryl	and
-	18. CAUSE OF D	EATH [Enter only ons	ceuse per	line for (e), (b), and (c).]	of Howard Dr				INTERVAL BE	TWEEN
	PAKI I. DEATE	H WAS CAUSED BY:		ONCHOPNEUMONIA					ECENT	DEATH
	49	/ X XXXX	7	DIOGA DATRIOMA O	T DANGDEAG II	TOTAL LOCATION	ACMACTC	mo		
-		, which (b)		ENOCARCINOMA O	r Panckeas W.	TIH META	HOTHOTO	10	UNKNOV	NN
	(a), steting the un	DITE TO		A TITY						
	ceusa last.	(c)		REBRAL THROMBO	SIS, LEFT OC	CIPITAL	LOBE		RECEN	C
Z	PART II. OTHER		TIONS CO	NTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	N IN PART 1(e)		AUTOPSY ORMED?
NAT N	1. Infar	ets, lung,	splee	n, and kidney-	recent. A. S	. H. D.	- old.		YES X	NO I
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	n Pert I or Pert II	of item 18.)			
MEDICAL	20c. TIME OF INJUI	RY Month, Dey, Ye	ar 20d. Whi		LACE OF INJURY (Homa, fe		or town)	(County)		(Stete)
ME		19	et wo	ork et work						
	21. I certify th	hat (1) (this hospi	tal) atter	nded the deceased from	January 3	19.61 to.	January	17,191	, that (1)	(we) last
							the causes	and on the	date state	d above.
	220. NGNATURE	1/1	1		ATTENDING	MED.	STAFF		221	DATE SIGNED
	1 Man	Delil 1	vil,	/ -	M.D. PHYS.	DIRECTOR [PHYS.		1/	18/61
	226. PHYSICIAN'S	OBERTSON,	1	v n.	VAH, BALTI	MORE 18	MD. FT.	HOWARD	DIVIS	CON
	К. п. м	ON LOCALIMENT	200	23c. NAME OF CEMETER			ATION (City, tow			Stata)
23	REMOVAL (Specify) Burial	1/20,	16/		tional Cemet		Baltimor			yland
24	FUNERAL DIRECTOR			ADDRESS		EC'D BY REGIST		SISTRAR'S SIGI		
	Arlington	S. Philli	ps,18	08 N.Monroe St	., Balto. LATAN	1 2 3 '61	- Cuth	41 S. Krai	cA.	

The Degra A La Committee Committee of the Committe AT OR SEON THE HERESTERN BOLLINGS IN LARRY WA THE THE PERSON NAMED IN OF STREET WESTERN STREET, STREET, STREET OF STREET, DOC CO THE CONTRACTOR OF THE PROPERTY . Italia soc. Dang, evicency and Sibney-roceas. A. D. m. D. - cld. LUCEL THE CENTER OF THE CONTROL OF T T. II. Military and Jan. D. Tromit, as greened important encountries and the state of the state of

The Aller of the Control of the Cont

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLA CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacaasad lived. If institutions Residence before edmission) e. COUNTY Maryland b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town 26 Days Baltimore Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 136 E. Gittings Street YES NO X Veterans Administration Hospital DECEASED OF (Type or print) DEATH WARREN BESAW January k 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF SIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months House WIDOWED DIVORCED December 27. Male physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) Machinist - Retired U. S. C.G.Y. Schuvler, New York U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI please attending Clara Tromble William Besaw WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Clinical Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown) | (If yes give war or detes of service) Yes WW II 116-07-2873

18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] FORT HOWARD DIVISION INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (a) DUE TO UNKNOWN (b) PULMONARY HEART DISEASE geve rise to immediate ceusa DUE TO (e), stating the underlying UNKNOWN (c) CHRONIC PULMONARY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION certificat PERFORMED? NO 1 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRISE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State) factory, street, offica bldg., etc.] While Not While at work at work DIRECTOR: 21. I certify that (this hospital) attended the deceased from...January...3...., 161., to January...29., 19.61, that (1x (we) last 22a. SIGNATURE STAFF SIGNED DIRECTOR 30/61 PHYSICIAN'S 22d. ADDRESS F. CRAHAN, M.D. VAH, BALTIMORE 18, MD., FORT HOWARD DIV. 23a. 8URIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) P F B Anne Arundel Co., Maryland Cedar Hill Cemetery Burial **ADDRESS** 250, REC'D 8Y REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 McCully Funeral Home, 130 E. Fort Ave. Balto. 30, MdAJE

MARYLAND STATE DEPARTMENT OF HEALTH

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Nocully Tunered State 4. For Ave. Selfa and March 1961 of March 1961

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	ESO	CERTIFI	CATE	OF DEATH	4		Reg. Di		0194
o. COUNTY Balti	more	MARYLA	11 0	Maryle	AND DESCRIPTION OF THE PERSON	d lived. If instituti b. COUNTY		ce before odm	issian)
b. CITY OR TOWN (If outside RURAL and give nearest tow Glenarm - Ru	corporate limits, write n) ral	c. LENGTH OF STAY IN	1ь с.	CITY OR TOWN (IF	outside corpo	rate limits, write f	URAL ond	give nearest to	wn)
d. NAME OF HOSPITAL (If no OR INSTITUTION R	in hospitol, give stre ural	et oddress)	d.	Glenarm,	Maryl	and	72	ON	ESIDENCE FARM?
3. NAME OF DECEASED (Type or print) Siste	r M. Barth	Middle nolomew	Bienle	lost ein	4. DATE OF DEATH	Mor 1	nth	15	Yeor 1961
F	WIDO WIDO	ARRIED NEVER MARRIED WED DIVORCED	9-	-20-1879		9. AGE (In years lost birthday) 81 yrs.	IF UNDER Months	Days Hour	
0a. USUAL OCCUPATION (Give during most of working life, Teaching 3. FATHER'S NAME	kind of work done even if retired)	RELIGIOUS			and, A	ountry) BALTIMO		izen of wh	at country?
John Bier 5. WAS DECEASED EVER IN U. S (Yes, no or unknown) (If yes, give	. ARMED FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORM	Clara Ws		Addilla Mar:		Ma www	No well a
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	CAUSED BY: ATE CAUSE (o) DUE TO (b) C DUE TO (c)	Coronary Hypertensiv Thrombosis						10	yrs.
PART II. OTHER SIGN 20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL	LYING [] 20b. D	S CONTRIBUTING TO DEATH			1000		EN IN PAR	PER	S AUTOPSY FORMED?
20c. TIME OF INJURY Month Hour o. m. p. m.	Day, Year 20d		e. PLACE OF factory, str	INJURY (Home, farm eet, office bldg., etc	20f. (City	or town)	((County)	(State)
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Charles F	osed from 9-2-51 61, ond that de Drunck 0 donnell	eath accur			reet, city or town,	and on the	ne dote sto	e deceased ofed obove DATE SIGNED
20. BURIAL, CREMATION, 22b. REMOVAL (Specify) BURIAL 3. EUNERAL DIRECTOR'S-SIGNA	- 17 - 61	22c. NAME OF CEMETER VILLA MA		EM		CLIFF I		WSON,	(11D.
Charles & Seil	7010,0	LTC. ZT MI		DATE A			Shun S.		

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Billio		HTARO TO ST	ADURTHION	
7701 300				
				District Congress
		to grant me the fire		Land Control
				COL . R MOSTER
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22c. PHYSICIAN'S

23g, BURIAL, CREMATION.

REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATURE

23b. DATE THEREOF

.1961

1SM 9/S9

Woodlawn Cemetery Woodlawn. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ODRESS arthur S. Kraus

23d. LOCATION (City, tawn, ar county)

23c. NAME OF CEMETERY OR CREMATORY

Raltimore

Day

. IS RESIDENCE

ON A FARM?

YES NO TY

Year

19 61

Hours

INTERVAL BETWEEN

ONSET AND DEATH

week

PERFORMED? YES NO

(Stote)

22b. DATE

(State)

12. CITIZEN OF WHAT COUNTRY?

U.S.A

(County)

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	MATE			regists einers
8 0 1				Literature and Literature
			M. Same	
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	sydle His	SAVE TO SERVE	Alaged All D.	

	192	CERTIFICA	ATE OF DEATH	1	Reg. Dis	C0195
	1. PLACE OF DEATH a. COUNTY Baltmare	MARYLAND	2. USUAL RESIDENCE (Who o. STATE		If institution: Residence COUNTY	te before admission)
TV1	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Pikesville	TH OF STAY IN 16	c. CITY OR TOWN (IE of	outside corporate lim	its, write RURAL and g	ive nearest town)
89/	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR, INSTITUTION Angelong furtherson	lome	d. STREET ADDRESS	Pro A	rentro 6	e. IS RESIDENCE ON A FARM? YES NO
		Middle ELITA BO	Lost BOETTE	4. DATE OF DEATH	Manth Jane	Day Year 23 19 61
	5. SEX Finale 6. COLOR OR RACE 7. MARRIED 1 N WIDOWED W	DIVORCED [8. DATE OF BIRTH / 78	3 last	birthday) Months 7- yrs.	1 YEAR IF UNDER 24 HRS Days Hours Min.
	1.000	BUSINESS OR INDU	Balte	more 1.	7L. 12.CITI	ZEN OF WHAT COUNTRY
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	. 1.6		
(-)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Vores	J. Les	atenk	Address	
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	(b), and (c).]	Reliati /	cant De	seare	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gove rise to immediate	Bronch	v. Preum	ma		2 days.
	cause (a), stating the under- lying couse last.	Ferreral	girl arteno	- feler	m	5 yrs.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLE					PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in			
13.2		while vork fo	ACE OF INJURY (Hame, farm ctory, street, office bldg., etc	i, 20f. (City or fow .)	n) (C	County) (State
	21. I certify that I attended the deceased from alive an		1959, to accurred at 2.35 P	M, from the co	auses and an the	
	ACTUAL SIGNATURE Van L. Chambers		M.D. 4108 Shen	ADDRESS (Street, ci	- Bulto	- h 1/23
	PHYSICIAN'S FOR/ L. Chamber	ς -		erty Hts	Are. Ball	to-pul
	Buy 14 1 26/61 L		Mosalium	Balto		(State)
PA	23. FUNERAL DIRECTOR'S SIGNATURE AD P. A. Heemann 6067 Har:	ford Rd	24o. REC'	AN 26'61	24b. REGISTRAR'S SIC	10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

and the Real State beauty of translated blooms to annie to no better because of the second rethin religion i walestud . I Make i la Fall To A. Start on 1967 bertane &c.

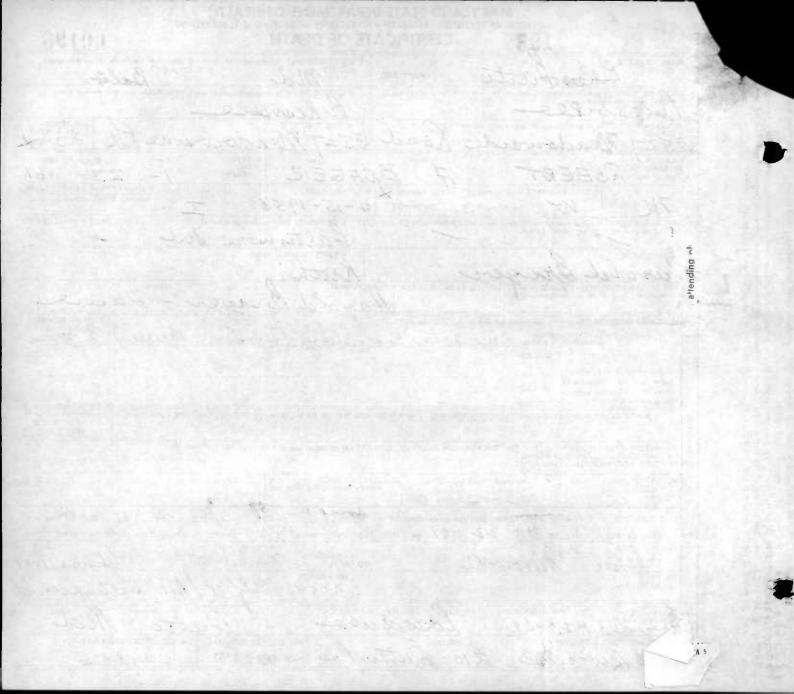
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

193 CERTIFICATE OF DEATH	00196
1. PLACE OF DEATH a. COUNTY ACCOUNTY B. COUNTY B. COUNTY ACCOUNTY ACCOUNTY B. COUNTY B. COUNTY B. COUNTY ACCOUNTY B. COUNTY B. C	
b. CFD OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write MCRAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write MCRAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION HEADOWSIDE Road 3527 Meadowsus	de Ra e. Is residence on a farm? YES \(\) NOTE
(Type or print) ROBERT A BRAGIER DEATH	1- 23- 1961
	/) Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BATHPLACE (State or foreign country) Daltuvors Mod	12. CITIZEN OF WHAT COUNTRY?
Havold Grager 11. Mather's Maiden NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of (egrice)	Dans
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Amount of Jamily Slicery (Tay-Sach's Cluber of Canditions, if any, which gover rise to immediate (b).	islane) INTERVAL BETWEEN ONSET AND DEATH
couse (o), stoting the <u>under-</u> Iying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF THE PRINCIPLE OF THE PRINCIPL	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Doy, Year Haur a. m. p. m. 19 19 20d. INJURY OCCURRED While Nat while at wark of wark o	(County) (State)
21. I certify that (I) (this hospital) attended the deceased from April 1, 1951, to fan 2 sow the deceased alive on fan 22, 1961, and that death occurred after M, from the causes	ond on the dote stated obove.
220. SIGNATURE Livel P. Meranchi M.D. ATTENDING MED. STAFF PHYS. M.D. ATTENDING MED. STAFF PHYS. OR DIRECTOR DIRECT	22b. DATE SIGNED Jan 23, 196
22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 3354 Dalfield An	e, Baltimore is, ha
230. MARIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town 12 Control of Cont	to Ma
Manual to the total of the second	GISTRAR'S SIGNATURE Outhur S. Kraus

the funeral and ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha may be the first part of the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health priar to burial, cremation, ar remayal, and in any event within 72 haurs after death. TO HOSPIT

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 197

194 CERTIFICATE OF DEATH

1. PLACE OF DEATH 8. COUNTY	Baltimore		***************************************	2. USU	TATE	yland	deceased lived, If b. COUI	YTY	sidence before adm	iission)
			MARYLAND				enorate limite writ		give neerest town)	
	foutside corporete limits, give nearest town)		c. LENGTH OF STAY IN 16	c. C	III OK IOWIN	(II Oniside co	rporere mans, with	o RONAL ONG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Towson				X	Towson	4				
d. NAME OF HOSPIT	AL OR INSTITUTION (if no	of in hosp	ital, giva street address)	d. S	TREET ADDRESS	S			a. IS RESID	
	e Oak Road			- 1	7 007	Tilled 4 -	Ook Pos	a	YES N	_
			Middle		Last	4. DATE	Oak Road		Dey Yeer	-
3. NAME OF DECEASED (Typs or print)	First FRANCI	S J	OSEPH BREIGH	NER .		OF DEAT			19 6	1
5. SEX	6. COLOR OR RACE 7.			B. DATE O			9. AGE (In yeers	IF UNDER 1 Y		_
					30 30	00	lest birthday)	Months D	ays Hours	Min.
Male	White v	VIDOWED		Sept.	19, 19	09	51 yrs.	1 10 CITIZ	EN OF WHAT COL	LINITON
10a. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired)	10b. KIN	D OF BUSINESS OR INDUS	TRY 11. BII	RTHPLACE (Co.	unty & State,	or foreign country	12. CITIZ	EN OF WHAT CO	DINIKI
Accountan		Sim	Papers	Per	nnsylva	nia			USA	
13. FATHER'S NAME	. •	Dal	Tabora		THER'S MAIDE					
io. Intitud o taning	BULL GREAT									
Stanisla	us Breighner	•		-	Elsie	Spren				
15. WAS DECEASED EV	ER IN U.S. ARMED FORCE	5? 16. 5	OCIAL SECURITY NO. 17.	INFORM	ANT		Addres	is		
	fyesgive weror detes of serv		3-03-2538 FE	mi] 17	Recorde					
	None EATH [Enter only one ce			LILLY .	records				INTERVAL BETW	
	H WAS CAUSED BY:	use per in	101 (6), (6), 6110 (6).1	1	7				ONSET AND DE	ATH
Conditions, if eny geve rise to immed (a), steting the u causa lest.	nderlying DUE TO								- WAS ALL	TORES
Z PART II. OTHE	R SIGNIFICANT CONDITIO	NS CON	TRIBUTING TO DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEA	SE CONDITION GI	VEN IN PART	1(a) 19. WAS AUT	
Ĕ									YES N	0
OR CONTRIBUTING	MEDICAL EXAMINER	20d. I		PLACE OF IN	JURY (Home, far, office bldg., e	arm, † 20f. (rt II of itam 18.) City or town)	(Coun	nty) (S	itate)
20c. TIME OF INJU Hour e.m. p.m.	19	et work	et work							
21. I certify	that (I) (this hospital) attend	ded the deceased from	m		, 19,	to	, 19	, that (I) (w	/e) la
saw the decea	sed alive on		19, and th	nat death	occured at.	M, fr	om the causes	and on th	he date stated	abov
22e. SIGNATURE		/	2						22b.	DATE
1 A	avnu ke	S	erra	M.D. PH	TENDING	MED. DIRECTOR	T STAFF			SIGN
22c. PHYSICIAN'S NAME (Type	LAWRENCE 1	M. 3	SERRA	220	ADDRESS	F. Ch	ase St	Bul	ch her	
23a. BURIAL, CREMAT	ION, 236. DATE THERE	OF	23c. NAME OF CEMETER	RY OR CREM	ATORY	23d. L	OCATION (City,	own or county	(Stei	te)
REMOVAL (Specify	Jan. 31,1	961	Dulaney Val	lev Me	morial	Co	ckeysvil	le, Md.		
Burlal				rel 110	25-		GISTRAR 256. F			
24 FUNERAL DIRECTO			ADDRESS		256.	IBN 2 1	161	Irthun S.	Keased	
John Burns	s' Sons. Tows	son,	Maryland		DATE	JAN 31	0.	www.) Cherry	

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John Burnet Sont, Townon, Maryland

COLUMN STATES COLUMN HAMA

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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with, TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be if ned by the hospital or attending physician. VR A

director iled wit	(N	1.	PLACE OF DEATH o. COUNTY Battimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Battimore
funeral old be fi	(I)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Language Point C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
the a 2 shar	1		d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION OF J. Street ON A FARM? YES \(\) NO \(\)
illed les 1 an			NAME OF DECEASED (Type or print) Thelen Catherine Horne Brooks (A. DATE OF DEATH January 17 1961
pletely rs. Pag ofter de		5. 1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Finale Colored WIDOWED DIVORCED Months Days Hours Min.
nd cam		10a	2. USUAL OCCUPATION (Give kind of work done done done done during most of working life, even if retired) Hyusew fe
ysician ar ave carbo within 72	T	13.	Farther's NAME From Brown Excluse Faidley
ng physici e remave event, with	-		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service)
the ottendi Then pleas and in any			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO INTERVAL BETWEEN CONSTRUCTOR INTERVAL BETWEEN CONSTRUCTOR DISTRICTOR INTERVAL BETWEEN CONSTRUCTOR ONSET AND SEATH CONSTRUCTOR ONSET AN
n signed by sit permit. or removal,			Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last. (b) (b) (b) (c)
burial-tron	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
ificate the bur		CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
his certi use as to burie		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work at w
R: After tached far			21. I certify that (I) (this haspital) attended the deceased from Sept 1957, to Ameny 17, 46, that (I) (we) last saw the deceased alive an 1941, and that death accurred at 953 Majorn the causes and an the date stated above.
JIRECTO d be det rd of He			22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22b. DATE SIGNED 22c. PHYSICIAN'S 22d. ADDRESS
JNERA: DIR	1	22	NAME (Type) 1 thomas 107mmain of Matto22 mg
O FUNER poge 3 s the State	N.	L	BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) Burial (Specify) Burial (Stote) Bultimore Mall
15 (4)	6	24.	Byrah T. Eliekson 1129 M. Currlini St., DATEIAN 23 '61

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERT	IFICA'	TE OF	DEATH

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1) 8	PLACE OF DEATH D. COUNTY	Baltimore		MAR	YLAND	o. STATE	ryland	C. Indiana	lived. If institution b. COUNTY	on: Residen		admission)
b	CITY OR TOWN (RURAL ond give n	If outside corporate limi earest town)	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OI	TOWN (If	outside corpor	ote limits, write R	URAL ond g	give neare	st town)
	Owings	B - S rather, gallet miles Com-			mos.	Perr	y Poi	nt	(1 [1	ما
0	B. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	MOU.	d. STREET	ADDRESS				е.	IS RESIDENCE
	Rosewood	State Trai	ning	School		N	one					YES NO
	NAME OF DECEASED Type or print)	Fir		Middl		_	ost	4. DATE OF DEATH	Mon	th	Day	Year
S. S		16. COLOR OR RACE	I _	Lyn		B. DATE OF BIR	oks		9. AGE (In yeors	IE LINDER	27	1961 UNDER 24 H
	Femals	White	WIDOWE	IED NEVER MARE		October		1958	lost birthdoy) 2 yrs.	Months		Hours Min
10a.	USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU			or foreign co	untry)	12. CITI	ZEN OF W	HAT COUNTE
	None	king life, even if retired)	None			vland			TI	S.A.	
13. 1	FATHER'S NAME			110116		14. MOTHER	4.1	NAME		1 0.	O.M.	1.000
		anklin G. B	rooks						ffman-Gon	nbrill		
18.		R IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. IN	IFORMANT	J		Add			
[Yes,	No	(If yes, give war or dates of s	ervice)	None	1	20011000	Dogo	mda	Ouring	rs Mil	17.0	Manaria
		ATH [Enter only one co				Cosewood	Reco	ros	Owing	SHA	100	AL BETWEEN
	gove rise to i couse (o), stoting lying couse lost.											
ATION		HER SIGNIFICANT CON	DITIONS C					NINAL DISEASE	CONDITION GIV	EN IN PAR	. /	WAS AUTOPS PERFORMED? 'ES NO [
OC	20a. ACCIDENT WA			CRIBE HOW INJURY	-			Port I or Port	II of item 18.)	- 7		
- 1	20c. TIME OF INJUR Hour o. m. p. m.		or 20d, If While of worl	NJURY OCCURRED Not while of work		ACE OF INJURY			or town)	(0	County)	(Sto
		nt (I) (this haspital sed alive an <u>Jan</u>		ed the deceased 21 1961, and								
	220. SIGNATURE	ward 1	1.4	athers	,	M.D. ATTENDI	NG N	AED.	STAFF PHYS.		1-2	226. DATE SIGN 2-61
	22c. PHYSICIAN'S NAME (Type)	Edward .	Math	ews, M.D.		22d. ADD		tate Ta	raining S	School	L, Ow	ings N
	BURIAL, CREMATIC REMOVAL (Specify)	1/25/6	OF -	23c. NAME OF CE	METERY O	R CREMATORY	arg	23d. LOCAT	ON (City, town,	sit	mo	(Stote)
24.	FUNERAL DIRECTOR	s signature	Ric	ADDRESS,	7	md.	DATEJA	D BY REGISTI		STRAR'S SIC		

all to the second of the second of the second

MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) y is necessary, e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN il outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) your ō impel o d. NAME OF HOSPITAL -State NAMEOF DECEASED and 3 to the OF the (Type or print) DEATH with AGE (In years | IF UNDER I YEAR NEVER MARRIED may last birthday) age 5 ma 1 and 2 v 72 hours WIDOWED DIVORCED P 106_ KIND OF BUSINESS OR INDUSTRY Page done during most of working life, even if retired) in pencil in Item 18. Give Pages pages PM3. 13. FATHER'S N File 16. SOCIAL SECURITY NO. along with 18. CAUSE OF DEATH [Enter only one cause par PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office removal burial Conditions, if any, which "pending" geve rise to immediate cause DUE TO (a), stating the underlying S Examiner cause last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(m)! 19. WAS AUTOPSY CERTIFICATION Pe cute the certificate, writing the word Medical pluods cren 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief forwarded to the Chief 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Dey, Year factory, street, office bldg., etc.) Not While 0 While Hour a.m. at work at work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X MEDICAL death resulted from: Natural causes Accident Suicide Homicide | CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL 3 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) pinous Address (Street, city, town, or county) DE 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial OI ₽40

VS. A15ME

5M 7/59

ONSET AND DEATH PERFORMED? NO (County) (State) Inquiry 50 and in my opinion Undetermined manner DATE SIGNED 22d. LOCATION (City, lown, or country) (State) 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE DATE AN 1 7 '61 arthur S. Hrous

Months

Days

. IS RESIDENCE

YES NO

F UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

of it can be a set to be a set of the above a set of the control o TO THE TO STADISHED A REPUBLICATE OF STATE Belleman - xx THE PARTY OF THE P Travelle de Landon Contraction the Andrews of the Lither and the Control of the Co

22c. NAME OF CEMETERY OR CREMATORY

Reg. Dist. No.

Months

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

LOCATION (Citys town, or county)

24b. REGISTRAR'S SIGNATURE arihur S. Thrend

REC'D BY REGISTRAR

ON A FARM? YES NO

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220. BURIAL CREMATION.

MEMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

NEW Local		a 10 31	CERTIFICA		
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				Mary of Children Co.	
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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

99	CERTIFICATE OF	DEATH
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Reg. Dist. No. 0202

1.	o. COUNTY			MARYLAND	11 (JSUAL RESIDENCE (Wh		B lived. If institution b. COUNTY				
		Ltimore				Maryl					imor	
	b. CITY OR TOWN (IF RURAL and give new Reister	autside carporate limi arest town)	ls, write	5 yrs.	X	Reisters		rate limits, write R	JRAL and g	ive near	rest tawn	
Г	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street	oddress)		d. STREET ADDRESS					. IS RESI	DENCE FARM?
L	Route 3, Bo	x 112, Gle	n Fa	lls Road	F	Rt. 3. Box	112. 0	Hen Fall	s Rd.			NO 🗌
3.	NAME OF DECEASED (Type or print) Ed	gar Fir		Middle I •	Bro	Lost WN	4. DATE OF DEATH	Mon 1	th	Day		rear 19 67
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		
	Male	White	WIDOW			ugust 28, 1	1887	lost bichdoy) 3 yrs.	Manths	Days	Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind af wark	dane 10b.	KIND OF BUSINESS OR INC					12. CITIZ	ZENOF	WHATC	OUNTRY
		ng life, even if retired				Ohio			U	. S.	Α.	
/k3	B. FATHER'S NAME	V2 202011	J 1		14	MOTHER'S MAIDEN N	NAME					
	William Br	own				Sarah O. Al	lton					
15	. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.		MANT	20011	Addi	ess			
10	res, no, ar unknown) (i	f yes, give war or dates of s		33-20-6405	Lou	ise F. Bro	wn - G	len Fall	s. Rd	. Re	is.	Md.
F	+	TH [Enter only one co		ne for (a), (b), and (c).]			.,			INTE	RVAL BET	TWEEN
Т		H WAS CAUSED BY:	Cor	onary Occlust	lon					ONS	20 m	DEATH in.
ı	111	IMMEDIATE CAUSE (o								1		
H	Canditions, if an	0 94		zina							2 mc	DS .
	gave rise to in	mediate (15 17 1					
	lying cause last.	he under-	Anne	eriosclerotio	C-	V Disease					2 y	rs.
Z				CONTRIBUTING TO DEATH B			NAL DISEASE	E CONDITION GIV	EN IN PART	1(0) 19	. WAS A	AUTOPSY
CERTIFICATION		none									PERFO	RMED?
		CAUSE OF DEATH	20b. DES	none	RED. (En	ter nature af injury in l	Part 1 or Part	t II af item 18.)				
I A	20c. TIME OF INJURY	Month, Day, Yes		NJURY OCCURRED 20e.	PLACE (OF INJURY (Home, farm	, 20f. (City	ar tawn)	(0	aunty)		(State)
MEDICAL	Hour a.m.	none 19	While at war	Not while none	rociory,	street, affice bldg., etc	'	one				
	21 I cortifu the	at Lattended the	deceas	sed fram. 1-1-57		. 19 . ta 1	1-14-6	1 19	that I la	rt cons	the d	000000
L		-14-61		and that dea	th acc	-/ -//		/ '//				
	dive dir		17	, and mai dea	in acc			reet, city or town,		dale		E SIGNE
	ACTUAL SIGNATURE	2. Em	Co	2		6 Hanover	Rd.			1	-16-	61
П	SIGNATURE	2 29			M.D.							
L	PHYSICIAN'S D	. D. CAPLE	S, M.	. D.		Reisterst	own, l	Md.				
22	o. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CRE	MATORY	22d. LOCAT	TION (City, town,	or county)		(State	a)
L	Burial	1-18-61		Druid Ridge	е		Pike	sville			ylan	id
	. FUNERAL DIRECTOR'S			ADDRESS			D BY REGIST		STRAR'S SIC	SNATUR	E	
	J. F. Eline	& Son-10	Main	St., Reister	stow	n, Md DATE	N 1 8 '6	1 0.	Thur &	Kross	0	-7

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FOR STATE HEALTH DEPT. TO DEIX (MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an alay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tell director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hearth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore Maryland	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	Maryland Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Anneslie	Anneslie
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	d. STREET ADDRESS a. IS RESIDENCE
6915 York Road	630 Murdock Road
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) HARRY W	DROWN DEATH Jan. 15, 181
5. SEX 8. COLOR OR RACE 7. MARRIED NEVER MARRIED	
	ec.29,1882 78 yrs. 1882
done during most of working life even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired-Office-Clerical Western Md. R.H. Freight Traff	ic W. Virginia
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Warner Brown	Anna Bishop
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown) (Ifyasgivawarordatasofservica)	INFORMANT Address
	. Warner K. Brown -630 Murdock Road
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	OMSET AND PERTH
IMMEDIATE CAUSE (a)	1 4 CC10SION SURREY.
DUE TO	
Conditions, if any, which (b)	
(a), stating the underlying DUE TO	
causa last. (c)	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
[5]	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. CAUSE OF DEATH.	(Entar nature of injury in Part I or Part II of Itam 18.)
	ACE OF INJURY (Homa, farm, † 20f. (City or town) (County) (Stata)
Hour a.m. While Not While fa	ctory, street, office bldg., atc.)
p.m. 19 at work at work	
21. I certify that I took charge of the remains described above, h	neld an Autopsy . Inspection . Inquiry ., and in my opinion
death resulted from. Natural causes . Accident . Sui	cide, Homicide, Undetermined manner
(1/1/2 2=1)	CHIEF MEDICAL EXAMINER
ACTUAL MARKET 10200	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE CONTROLLED TO PROVIDE	M.D. DEPUTY MEDICAL EXAMINER
EXAMINER'S POY/OFFO	
NAME (Typa) / / / / / / / / / / / / / / / / / / /	Addrass (Street, city, town, or county) PREMATORY 22d, LOCATION (City, town, or country) (State)
REMOVAL (Spacify)	
Burial 1/18/61 Lorraine Park 23. FUNERAL DIRECTOR	Cemetery Baltimore, Maryland Y 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
2/ 0 A / / / / / / / /	
Am Jackner + Sons Palle 17, 11	DATE JAN 17'61 arthur S. Kinus

S OF SELECTION HAFFY Ed Erown ... AND CONTRACT OF STREET OF STREET legant sont - cas soll freeze as baot doubles of a more of name of hand the company of the section of t y the funeral directar, and 2 shauld be filed with

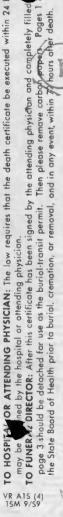
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DITTO: 0.	CIPTURE I CONTROL FILL OF THE CONTROL	
01	CERTIFICATE OF DEA	ATI

DOONE

		201		CERTIF	ICAT	E OF DE	ATH					(UZ	U4
1. [PLACE OF DEATH	timore		MARY		o. STATE	900	ere decease		f institution	on: Reside	nce befo	re admiss	ion)
		autside carporote limit orest town)	s, write	since 12/3		c. CITY OR TO		utside corp	orate limits	, write R	URAL and	give nec	rest town)
	d. NAME OF HOSPIT	AL (If not in haspital, gi cerian Home	ve street		,, 12	d. STREET ADD		arles	St.	5	VO	1-4		IDENCE FARM?
	NAME OF DECEASED (Type or print)	Firs Jo		Middle		Burne t	t	4. DATE OF DEATH			an	Do		Yeor 6
5. 9	female	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRII	101	July 1	6,18	66	9. AGE (In yeors rthday) yrs.	Months Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
10a	. USUAL OCCUPATIO during most of work	N (Give kind of work ding life, even if retired)	ane 10b.	KIND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLAC			country) otlan	d	12,CI	U.S		OUNTRY?
13.	FATHER'S NAME John John	Burnett				14. MOTHER'S M		et Ha	У					
	WAS DECEASED EVER	R IN U. S. ARMED FORG If yes, give war or dates of se	CES? 16.	SOCIAL SECURITY NO	1	lah E E	llio	tt Pi	resby	Addi teri		ome .	, Tov	veon
		TH {Enter only one con TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ne for (a), (b), and (c). Septicemi								ONS	RVAL BE	DEATH
	Conditions, if as gave rise to in couse (o), stating lying couse last.	ny, which (b)		Chronic p	yelon	ephritis	3						year	S
CERTIFICATION	PART II. OTH	Generalize	i Ar	CONTRIBUTING TO DEA	ĖĖS						/EN IN PA	RT 1(o) 1	9. WAS PERFO	RMED?
	OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of i	njury in I	Part I or Pa	rt II of iter	n 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED Not while at work	20e. PLAC foctor	E OF INJURY (Ho ry, street, office b	me, farm oldg., etc	, 20f. (Cit	ty or town)			(County)		(State)
	saw the deceas			ded the deceased v 4 1961, and									stated	abave.
	22c. PHYSICIAN'S Z	Hevel	ra	fais.	M.I	ATTENDING PHYS.	DI DI	ED. RECTOR	STAFF PHYS.				221	SIGNED
	NAME (Type)	J Venabl	e Jr	•				ork Re	d. T	ows o	n			
	BURIAL, CREMATIO REMOVAL (Specify) burial	1/12/61	F		etery or o	k		В	alto.					o) /id•
24.	John O. M	s signature itchell & S	ons	ADDRESS 1900 Eutav	r Plac			D BY REGIS			STRAR'S S			



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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 y the funeral director. may be referred by the haspital ar attending physician. O FUNERACY SECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

202 **CERTIFICATE OF DEATH**

		- 43	13	2)	6 1	por
Reg.	Dist.	Not	U	6	U	.)

1. PLACE o. COL	OF DEATH Ballines	MARYLAND	2. USUAL RESIDENCE (WO. STATE)		If institution: Resident COUNTY Bal	Lunar
b, CITY RUR	OR TOWN (If autside corporate limits, we AL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	entside corporate lim	its, write RURAL and	give nearest town)
d. NAI	ME OF HOSPITAL (If not in hospital, give sy	reet address)	d. STREET ADDRESS	Aton 4	well	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME DECEA (Type of	OF SED Maril.	Middle	Burns	4. DATE OF DEATH	Month	Day Year 1961
5. SEX	EILLAR SUGALES WID	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH THE	68 9	(In years birthdoy) One of the second secon	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUA durin	AL OCCUPATION (Give kind of work done g most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole	or foreign country)	21d . 12. CIT	TIZEN OF WHAT COUNTRY?
13. FATHE	R'S NAME	Mun	14. MOTHER'S MAIDEN!	NAME //	Tahan	V .
15. WAS I IYes, no. or	DECEASED EVER IN U. S. ARMED FORCES? unknown) (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT /	4 m.	Sum /	sit Sulton ()
18. (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per line for (0), (b), and (c).	- mobilely	To Swa	elav .	INTERVAL BETWEEN ONSET AND DEATH
gov	diditions, if ony, which the rise to immediate (b). (b) (b) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	General Sol	erosis -	io Sin		+ years.
CATION	PART II. OTHER SIGNIFICANT CONDITIO	ONS CONTIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PAR	T I(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
20a. OR C	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II of it	em 1B.)	
	Hour o. m.	Od. INJURY OCCURRED (hile Not while work of work for	ACE OF INJURY (Home, farm colory, street, office bldg., etc.)	n, 20f. (City or town	") (0	County) (State)
aliv	certify that I attended the dece e on <u>Green</u> , 1	1.1	n occurred at 12:35		causes and on th	last saw the deceased the date stated above. DATE SIGNED
PHYS	ICIAN'S FREDERY	BEITER	.1014 Fra	weis Obe	Balte 27	160
REMO	AL, CREMATION, 22b. DATE THEREOF / 25///	22c. NAME OF CEMETERY C	DR CREMATORY Colins	22d. LOCATION (C	ity, town, or county)	l. Mill.
23. FUNE	LA CIVILLE FOR	1 ADDRESS HA	240. RECT DATE JA		24b. REGISTRAR'S SIC Carthur S.	1.

TO HOSPITAL may be r. VS A15 (4) 15M 9/55

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VR A15 (4) 15M 9/59 0

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CER	TIF	CA	TE	OF	DE	AI	H

204

00207

1. PLACE OF DEATH a. COUNTY			MARYLAND	2. USUAL RESIDENCE (W. o. STATE		lived. If institution b. COUNTY	on: Residen	nce befor	e admiss	ion)
b. CITY OR TOWN	N (If outside corporate limit e neorest town)	ts, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN (IF		ate limits, write R	URAL and	give nea	rest fown	1)
OR INSTITUTIO	SPITAL (If nat in hospital, g			d. STREET ADDRESS			2 V			SIDENCE FARM?
	d State Trai				ury Sti					
3. NAME OF DECEASED (Type or print)	Leon:		Middle Svlveste	r Caldwell	4. DATE OF DEATH	Janua		Day	'	Year 1961
s. sex Male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH October 12.	1947	9. AGE (In years last birthdoy)	Months	Days Days	Hours	ER 24 HRS Min.
100. USUAL OCCUPA during most of v		done 10b. KIND		JSTRY 11. SIRTHPLACE (Stote Marylan	d			.S.A		COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
Crawford	R. Caldwel	1		Elizabet	th Robe	rts				
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FOR		AL SECURITY NO. 17.	NFORMANT		Add	ress			
Ivo	lio	No:	ne Ro	sewood Record	S	Owing	s Mil	ls.	Mary	rland
20g. ACCIDENT	ong the under. Due to list. OTHER SIGNIFICANT CON			T NOT RELATED TO THE TERA			VEN IN PAR	RT 1(o) 1	9. WAS PERFO YES	AUTOPSY DRMED?
20c. TIME OF IN Haur o. p.	JURY Month, Doy, Yeo	While		LACE OF INJURY (Home, far actary, street, affice bldg., et		or town)	(County)		(State)
	W Krale	•		death occurred at 1130	9	STAFF PHYS.			stated	
23a. BURIAL CREMA REMOVAL (Spec	ify) 1-23-7	61	NAME OF CEMETERY	brun,	74	DN (City, town,			(Stot	te)
24 FUNERAL DIRECT	G. JULAN	1348	Milalkon	250. REC	D BY REGISTI		STRAR'S SI			

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FOR STATE HEALTH DEPT.

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TO DEPUT THEDICAL EXA	execute certificate, wr	4 shault e farwarded to	TO FUNERAL DIRECTOR: Po	or its designated agent, p
TO DEPUT MEDICAL EXA	w executa certificate, wr	4 shault de farwarded to	TO FUNERAL DIRECTOR: Po	or its designated agent, p
TO DEPUT MEDICAL EXA	execution certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and	4 shault te forwarded to	15 TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transis permit. File pages 1 and 2	or its designated agent, p

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 205 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00208

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of the state MARYLAND b. COUNTY B	lence before admission) ALTIMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) RURAL BALTO 4-	C. CITY OR TOWN (If outside corporate limits, write RURAL on BAYNESVILLE *** RURAL BALTO	d give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 8729 Emgee Rd	#42 8219 Bolein Rd	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CLARELINCE KENNETH CHAPP CANA	PP Lost 4. DATE Month OF DEATH JAN 12	Doy Year 19 60
5. SEX ULABION GERACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 14 Mar 1926 9. AGE (In years lost birthday) Months 34 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk Bendix Corp.	Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Earl G. Canapp 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Lillie May Heubeck	
(Yes, no, as unknown) (If yes, give war or dates of service)	Family Records	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) GUNS HOTE	WOUNDHead	INST
DUE TO		
Conditions, if any, which gove rise to immediate couse		
(a), stating the underlying DUE TO cause lost.		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Depression		YES NO
200. EXTERNAL CAUSE WAS PRIMARY GOT CONTRIBUTING CAUSE OF DEATH.	(Enter noture of injury in Port I or Part II of Item 18.) inflicted	
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA While of work of work of his	story street office blds stc t	Lto Md (State)
21. I certify that I took charge of the remains described about	ove, held an Autopsy 🔲, Inspection 🕱, Inqui	ry . ond in my
opinion deoth resulted from: Natural causes , Accident	, Suicide , Homicide , Undetermined	monner
ACTUAL SIGNATURE TO THE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S JOHN C HYLE	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	-6.0
220. Burial Cremation, 22d Date thereof 22c, name of cemetery of Burial Jan. 14,1961 Providence Me	th. Cem. Providence, Balto.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
John Burns' Sons, Towson, Maryland	DATEJAN 1 8 '61 Chilling &.	Kraus

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SOS MEDICAL EXAMINER'S CERTIFICATE OF PEATS

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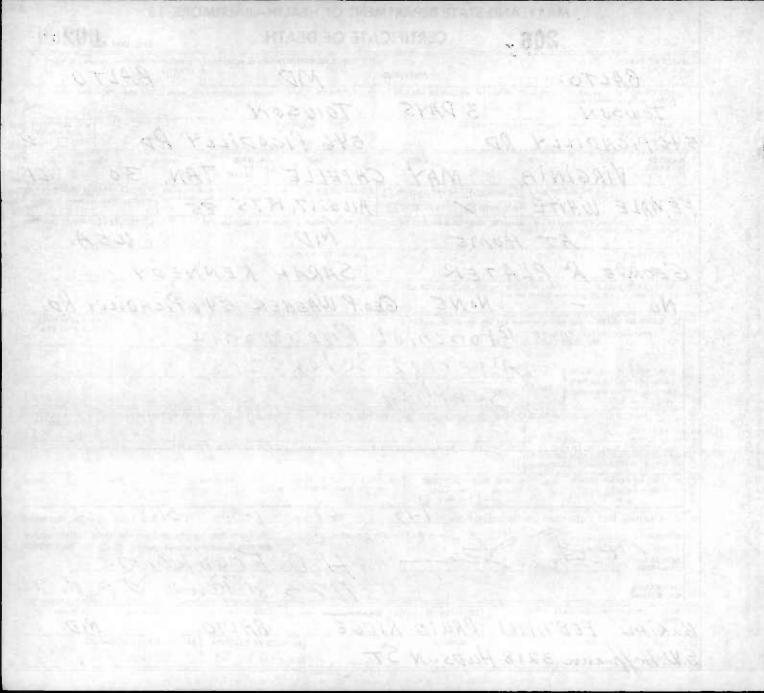
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

C0249

700				Keg. Dist. P	40:
1. PLACE OF DEATH a. COUNTY BALTO -	MARYLAND	2. USUAL RESIDENCE (WH	nere deceased lived. If in b. COL		efare admission)
b, CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of	outside carporate limits, w	rite RURAL and give	nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION 5 46 PICADILLY RD	address)	546 PIC	ADILLY	RP.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) VIRGINIA	MAY	CAPELLE	4. DATE OF DEATH JA	V. 30	Day Year 196/
FEMALE WHITE WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH AUG-17, 18	9. AGE (In) last birtho		AR IF UNDER 24 HRS 's Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b during mast af warking life, even if retired)	ME	ISTRY 11. BIRTHPLACE (State	ar foreign cauntry)	12. CITIZEN	OF WHAT COUNTRY
GEORGE R. PLAT	TER	SARAH	KENN	EDY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) (If yes, give war or dates of service)	11 11-	O.P. WAGNE	R 5461	PICADILL	y Ro.
18. CAUSE OF DEATH [Enter anly ane cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine far (a), (b), and (c).]	Pneur	nonia	II O	NTERVAL BETWEEN NSET AND DEATH
Canditians, if any, which	terial	Sclera	Sis		
gave rise to immediate cause (a), stating the under-lying cause last.	enility				
PART II. OTHER SIGNIFICANT CONDITIONS. 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH 8U	T NOT RELATED TO THE TERM	NAL DISEASE CONDITION	N GIVEN IN PART 1(a	PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury in I	Part I ar Part II af item 18	8.)	
20c. TIME OF INJURY Manth, Day, Year 20d. Haur a. m. 19 While at wa	Nat while fo	ACE OF INJURY (Hame, farm letary, street, affice bldg., etc), 20f. (City ar tawn)	(Caun	ty) (State
21. I certify that I attended the decea	sed from 1-15	accurred at	1-30 , 19 M, fram the cause		aw the deceased
ACTUAL COLORS	, did mar dean		ADDRESS (Street, city ar t		DATE SIGNE
PHYSICIAN'S NAME (Type)		1123	ST Pau	e 87/2	saltr. m
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) FEB.1, 1961	PRUID RI	DGE	BALTO.	awn, or county)	MD.
23. FUNERAL DIRECTOR'S SIGNATURE B. W. Hollmann 3218	HUDSON ST	24a. REC'	D BY REGISTRAR 24b.	Carlley 2, 1	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 207 CERTIFICATE OF DEATH

Reg. Dist. No. CU210

L						Reg. Dist.	No.		
	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDEN o. STATE	aryland				n)	
	RURAL and give negrest town)	NGTH OF STAY IN 16	-	VN (If outside con Forest	rporate limits, write	RURAL and give	nearest town)		
	d. NAME OF HOSPITAL (If not in hospital, give street oddress Rese, 197423 Bayfront Road,		d. STREET ADD 7423 B	RESS ayfront	Road,	19. Md	e. IS RESTO ON A F YES	ARM?	
	3. NAME OF First DECEASED (Type or print) ERMINIE	Middle	CARRO:	LL 4. DATI		Nonth	Day Ye	-	
	5. SEX 6. COLOR OR RACE 7. MARRIED White Widowed	DIVORCED	June 1,	1886	9. AGE (In year lest birthdoy	IF UNDER 1 Y	EAR IF UNDER	24 HRS. Min.	
	10a. USUAL OCCUPATION (Give kind of work dane lob. KIND (during most of working life every if selired) red Nui			E (Stole or foreign BW York			S.A.	OUNTRY	
ľ	13 FATHER'S NAME		14. MOTHER'S MA	AIDEN NAME					
l	Reuben P. Thompson	1	Chr	istina	A. Star	nge			
F	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 18. NO unknown) 18. CAUSE OF DEATH [Enter only one couse per_line fog (-22-046 M	rs.Eliz			ddress 533 Ker 71and 1	nwood		
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRI	EUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISE	ASE CONDITION (GIVEN IN PART 1	(o) 19. WAS AU PERFORI	MED?	
	OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRED	O. (Enter nature of in	jury in Port I or I	'art II of item 18.)				
	ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY Molth, Day, Year While Not work at a work at a	OCCURRED 20e. PLA lot while t work	ACE OF INJURY (Han tory, street, affice bl	ne, form, 20f. (C dg., etc.)	ity ar town)	(Cou	nty)	(Stote)	
	21. I certify that I attended the deceased from Nov 1, 1960, ta Jan 21, 1961, that I last saw the deceased alive an 21, 1961, and that death occurred at 8:280 M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED PHYSICIAN'S NAME (Type) DITIN V. CONWAY N. D. BAT 16.19 Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)								
-	BuffieldSpecify) 1-24-1961 L	oudon Par	k		derick		Md.	130	
1		ve. 22. M	7	1001.0					
1	DODA JEE MILES		D/	ATE JAN 3	0 01	arthur S.	7 CLAULE		

may be it ned by the haspital or attending physicion.

• FUNER DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 the registror prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO FUNER VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4

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MENT OF TEALTH MARYLAND STATE DIVISION OF STATISTICAL RES 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaasad lived, If institution: Residence before edmission) e. COUNTY a. STATE b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, CITY OR TOWN (If outside corporete limits, write RURAL end giva naarest town) c. LENGTH OF STAY IN 1b writa RURAL, end give nearest town) Werlea .⊑ lled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS hours Overlea Ave. NAME OF Middle complet DECEASED DEATH (Typa or print) AGE (In yeers | IF UNDER 1 YEAR | 5. SEX 7. MARRIED NEVER MARRIED lest birthday) and Months male WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work e remove 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foraign country) done during most of working Jife, even if retired) any Watchman 13. FATHER'S NAME affending pleg zabeth Hart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Yas, no, or unkown) | (Ifyesgivawarordatesofservica the 1B. CAUSE OF DEATH (Enter only one cause par line for (e), (b), and (c) þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO any, which gave rise to Immadiate cause DUE TO (e), stating tha underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION as for 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH may be retained by the DIRECTOR: After the should be detached MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yaer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from... am, from the causes and on the date stated above . and that death occured at... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. director, page be filed with th FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) TO burial emeteri 25a, REOD BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) O. Thung & Knows 15M 9/60

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ONSET AND DEATH

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12. CITIZEN OF WHAT COUNTRY?

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(County)

IF UNDER 24 HRS.

ON A FARM?

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PHYSICIAN: the hospital or this certificate b

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(2)	MAR	YLAND	STATE DEF	PARTM	ENT OF HEALT	H-BAL	TIMORE, 1	8		
)	20	9	CER	TIFICA	ATE OF DEAT	TH		Reg. Dis	t. No. C	0212
o. COUNTY	H Bal timore		MA	ARYLAND	2. USUAL RESIDENCE (o. STATE Mary	Where decease	d lived. If institution b. COUNTY	on: Residenc	e before ad	mission)
RURAL ond gi	VN (If outside corporate ve nearest town)	limits, write	c. LENGTH OF ST		e. CITY OR TOWN (prote limits, write R	URAL ond g	ive nearest	lown)
d. NAME OF HO OR INSTITUTE SPRING	OSPITAL (If not in hospite ON ROVE STA		oddress)		d. STREET ADDRESS 918 M	ount Ho	olly Stre	et	0	RESIDENCE N A FARM?
NAME OF DECEASED (Type or print)	Flo	First rence	Mid Ma		Carter	4. DATE OF DEATH	Mon Jan	uary	Doy	Yeor 19 61
female	6. COLOR OR RA	CE 7. MAS	RRIED NEVER MA	RRIED T	Dec. 13, 1	916	9. AGE (In years lost birthdoy)		1 YEAR IF U	NDER 24 HRS.
during most of	PATION (Give kind of wo working life, even if reti EWITE	ork done 10b	Lion (To)	S OR INDU	STRY 11. BIRTHPLACE (SIG		ountry)		Se I	HAT COUNTRY
B. FATHER'S NAME Will:	iam Alexand	er /	20 gan	/	14. MOTHER'S MAIDEN		genfeldt	3, 1		
S. WAS DECEASED Yes no. or unknown) NO	EVER IN U. S. ARMED I	s of service)	. SOCIAL SECURITY .5-10-1611	7	ords: SPRI	NG GRO	Addi OVE STAT		SPITA	L
	DEATH [Enter only one DEATH WAS CAUSED B IMMEDIATE CAUSE	BY: C _C	ronary oc		on				INTERVAL ONSET A	L BETWEEN
gove rise t	if ony, which o immediate thing the under-	(b) Co	ronary in							
		(c)	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
20c. TIME OF IN Hour o.	m,	Year 20d. While of wo		20e. PL/ foo	ACE OF INJURY (Home, for clory, street, office bldg., o	rm, 20f. (City	or town)	(C	ounty)	(Stote)
21. I certify that I attended the deceased from March 26, 1958, to Jan. 4, 1960, that I last so alive on Jan. 4, 1960, and that deoth occurred at 1:20pM, from the couses ond on the do ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE & Leeur NUS M.D. SPRING CROVE STATE HOSPITAL								e dote st		
PHYSICIAN'S NAME (Type)_		eves,	M. D.,		Catons	ville 2	28, Maryl	and		
REMOVAL (Specific CREM)	- yan.	7/6/	1 2 all	EMETERY O	1 K.	134	TION (City, town, o	24	M	Stote)
3, FUNERAL DIREC	TOR'S SIGNATURE	2,	ADDRESS		Zeel DATE	C'D BY REGIST	RAR 24b. REGIS	TRAR'S SIG	NATURE	

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
210	CERTIFICATE	OF	DEATH		

C0173 Reg. Dist. No.

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1.	PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
\vdash	d. NAME OF HOSPITAL (If not in hospital, give street address)	Dalbomore (folmer 60 it Slamford							
-	OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
1	Angebrosphilteen Vome	6811 bampfield Road NES NO							
3.	NAME OF DECEASED First Middle BEBTH	A GASKEY DEATH Jameny 8 1961							
5.	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED								
	Finale White WIDOWED DIVORCED	Nove 27, 1877 last birthday) Months Days Haurs Min.							
100	b. USUAL OCCUPATION (Give kind of work done during most of warking life, even it retired)	PUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Adolph homeren	Anne Bother							
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address							
{Y	(If yes, give war or dates of service)	The Katenkand 6811 bampfrild							
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY:	esota Heart Age							
	IMMEDIATE CAUSE (6) 1) Carleno - Scurson front Disease 10 yr								
	gove rise to immediate (b) Circles / Hemanhay (Macurent. / Bys								
	couse (o), stoting the under. DUE TO								
7	lying couse lost. (c) OMMU (c)	unuis ozis.							
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
3	Generalized arterio	-feleron YES NO D							
CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)							
MEDICAL		PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State)							
Ē	Hour o. m. p. m. While Not while of work of work	foctory, street, office bldg., etc.)							
<		16							
	21. I certify that I attended the deceased fram.	1950 ta fan 1940 that I last saw the deceased							
	alive an	th accurred at & C. M., fram the causes and an the date stated above.							
		ADDRESS (Street, city or town, state) DATE SIGNED							
	SIGNATURE Part & Chamber	M.D. 4105 February Ats Ballo - 5- mg 1/8/							
	PHYSICIAN'S F - / / Chr. hard	11. 11/1 11/1 11/1/01							
	NAME (Type) FOT/ L. Cham person	4108- LIBERTY HTS /30170-7-m/ -							
22	REMOVALIST SERVICE THEREO 22C NAME OF CEMETERY	OR CREMATOR 22d. LOCATION (City, town or county) (State)							
23.	FINE PAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
	11. Allunus Caro Ho	DATE LAW 1 0'61 Critical S. Krous							
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The Manual Control

MARYLAND STATE DEPARTMENT OF HEALTH 2 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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10	OFUNER ALDIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard of Health priar to burial, crematian, ar remaval, and ip any event, within 72 haurs after death.
OSP.	UNER 3e 3 State
H OT	Pag the
TO HOSPING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 May be and by the haspital an attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

	CERTIFICA	TIL OI DEATH	00210
	PLACE OF DEATH COUNTY BAIT: MORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE // ARYLAND b. COUNTY BA	before admission) timore
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	re nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION St. PAUL AVE,	St. Paul Ave.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print) ChARles Wesley	Last OF DEATH JANUARY	Day Year 196/
5. 5	MA 1€ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1. MIDOWED DIVORCED		YEAR IF UNDER 24 HRS. Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE MARY IANA C	S. A
13.	JAMES CAVEY	14. MOTHER'S MAIDEN NAME	
	WAS DECEASED EVER IN U. S. ARMED FORCES? , no. or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Mr. Francis Miller C	Franite,
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which)	ferteusion	INTERVAL BETWEEN ONSET AND DEATH
	gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO Living cause lost.	augnere Oftot	2
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port t ar Part tt of item 1B.)	
MEDICAL		PLACE OF INJURY (Home, form, 20f. (City or town) (Co octory, street, office bldg., etc.)	ounty) (State)
	21. I certify that (1) (this haspital) attended the deceased fram.	death accurred at 2 M, from the causes and an the	, that (I) (we) last date stated above.
	Am E Martin	M.D. ATTENDING MED. STAFF PHYS. MED. STAFF PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) WALL E. MARRIA	Land allstown M	d
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL ST. Alphan	ISUS Cemetery Woodstock N	(State) [ARY AND.
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN	NATURE /

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the funeral directar, and 2 shauld be filed with Then please remave carban papers. Pages 1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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2	CERTIFICAT	E OF DEATH

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1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. SMATE	ere deceased lived. If institution b. COUNTY	Bultun	re admission)
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside carporate limits, write R	URAL and give ne	arest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION 1011 Dalton Ave		d. STREET ADDRESS	ton Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Theodone	William	Challnes	4. DATE Mon OF DEATH Janua		y Year 19 <i>6</i> 7
5. SEX 6. COLOR OR RACE 7. MARY		September 8.	9. AGE (In years last bighday) 20 yrs.	Months Days	IF UNDER 24 HRS. Haurs Min.
Male White WIDOW 10a. USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired) Policeman		1	ar fareign cauntry)	12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	_		
Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		(atheris	re Espey	ress	
(Yes, no, or unknown) (If yes, give war or dates of service)	22 20 20	1 661	allmen 1011	Daltan	Ava
1B. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		netastatie	acinoma	INT	ERVAL BETWEEN SET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the under-	ato caheino	na of nig	ht testico		yyears
lying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIV	/EN IN PART 1(a)	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	. (Enter nature of injury in f	Part I or Part II of item 18.)		
20c. TIME OF INJURY Manth, Day, Year 20d. I Haur a. m. While p. m. 19	Nat while fact	CE OF INJURY (Hame, farm lary, street, affice bldg., etc.		(Caunty)	(State)
21. I certify that (I) (this haspital) attends	ded the deceased fram				
22a. SIGNATURE John 9 4	2	ATTENDING	ED. STAFF RECTOR PHYS.		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	+NJ. GOUL	22d. ADDRESS	n. Eastare	-24	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 1/18/61	Baltimore Na:	crematory	23d. LOCATION (City, town,	ar county)	(State)
24. FUNERAL DIRECTOR'S SIGNATURE John A. Moran 3000 E. Br	ADDRESS Balto	Md. 25a. REC'	1 7 101	STRAR'S SIGNATU	Rea

moy be the both the hospital or attending physician.

TO FUNER'AL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board at Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death. TO HOSP VR A1S (4) 1SM 9/S9

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PLACE OF DEATH
o. COUNTY

Baltimore MARYLAND h CITY OF TOWN (If outside corporate limits write - IENCTH OF STAY IN N

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE. b. COUNTY b. COUNTY Maryland

RUPAL and give ne	eorest town)		-16-1958	Baltimore		profe limits, write K	2 V	give nearest	- 4
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g Hill Hospi	give street address)	20 2,700	d. street Address 5605 Roland		Balto. 1	LO, Md		RESIDENCE IN A FARM?
3. NAME OF DECEASED (Type or print)	Frank	st	Middle	Chew	4. DATE OF DEATH	Jan.	ıth	Day	Year 161
5. SEX male	white	WIDOWED [DIVORCED	B. DATE OF BIRTH 12-27-1872		9. AGE (In years last birthdoy) 89 yrs.	-	Poys Ho	INDER 24 HRS. urs Min.
Clerk	ON (Give kind of work king life, even if retired	1 -	BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Mary		ountry)		ZEN OF WH	AT COUNTRY?
13. FATHER'S NAME Nathani	iel Chew			Sarah Ger	trude	Hollyday			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. SOCIAL S		s. Charles A.	Webb-	-5605 Rol		ve; Ba	ilto 10
Conditions, if or gave rise to in couse (o), stating	n mediote (Pulmo	onary embo					onset a min	ays
Seni		DITIONS CONTRIBL	JTING TO DEATH BUT	NOT RELATED TO THE TERMIN		E CONDITION GIV	EN IN PART	1(o) 19. W PE YES	RFORMED?
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)			D. (Enter noture of injury in F		t II of item 1B.)			
20c. TIME OF INJURY Hour a. m. p. m.	Y Manth, Doy, Yea	While Not		ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)			county)	(Stote)
21. I certify tha saw the deceas 22a. SUSNAYURE	t (I) (this hospital) attended the	deceased from	death accurred at	M, from		19 161 d an the	_, that (22b. DATE
22 PHYSICIAN'S NAME (Type)	a lan	Lella	-	M.D. PHYS. DIE	D. RECTOR	STAFF PHYS.			SIGNED

James Castellano, M.D. Ave; Baltimore 27, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify)

5,1961 Burial Druid Ridge 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

John O. Mitchell & Sons, Inc. 1900 Eutaw Place

Pilesville Ma AR 256. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR '61 DATEJAN 6

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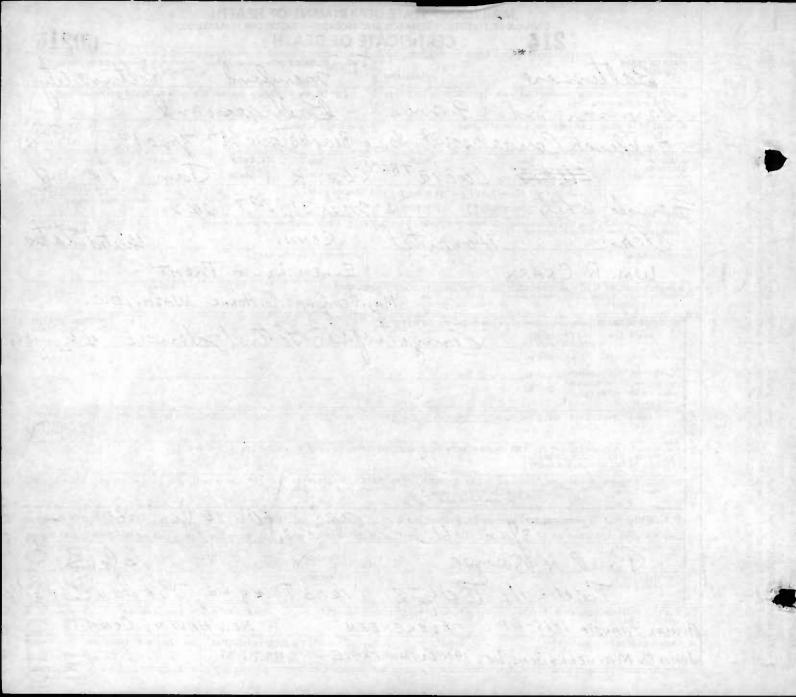
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

214 CERTIFICATE OF DEATH									
	1. P	COUNT Baltimore	7 MARYLAND	2. USUAL RESIDENCE (Where deco. STATE	eased lived. If institution: Residence b. COUNTY Belli	before admission) f			
		CITY OR TOWN (If outside corporate limit RUTAL and give nearest town) NAME OF HOSPITAL (Us nat inhospital, g	d 9 mos.	c. CITY OR TOWN (If guiside of the control of the c	corporate limits, write RURAL and gi	3 VOP-4			
9		Tosleigh Con	walescend for	e Blackstone	apt, zone 18	e. IS RESIDENCE ON A FAM? YES NO			
	D	AME OF ECEASED type or print)	Lucia TRE	AT CLZI-K OF DE	ATH Jan.	Day Year 196/			
	5. SI	Female White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Max 31, 1897	9. AGE (In years IF UNDER 1	Doys Hours Min.			
	106.	USUAL OCCUPATION (Give kind of work of during most af working life, even if retired)	Hospital	STRY 11. BIRTHPLACE (Stote or farei	gn country) 12. CITIZ	ted States			
1	13. F	WM. R. CLAR	2 K	14. MOTHER'S MAIDEN NAME ELLEN LUCI	A TREAT				
		VAS DECEASED EVER IN U. S. ARMED FOR: no, or unknown) (If yes, give war or dates of se		NFORMANT Aj. GEN. CHAS. G. H.	CLLE WASH, I	D.C.			
		PART I. DEATH [Enter only one can part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse last.	Anyola	ophic Later	et sclerous	INTERVAL BETWEEN ONSET AND DEATH 2 years			
	ICATION	PART II. OTHER SIGNIFICANT CON	DITIONS <u>CONTRIBUTING TO DEATH</u> BUT			1(o) 19. WAS AUTOPSY PERFORMEDO YES NO M			
		20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I a	: Part II of item 1B.)				
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yes Hour a.m. p. m. 19	or 20d. INJURY OCCURRED 20e. PL While Not while of work of work	ACE OF INJURY (Hame, farm, later) 20f. ctory, street, office bldg., etc.)	(City or town) (C	ounty) (Stote)			
		21. I certify that (I) (this hapital saw the deceased alive an	-1/ 71	death accurred at 2 C.M. fr	///	date stated above.			
-		22a. SIGNATURE Faul HV	Royse	M.D. ATTENDING MED.	STAFF PHYS.	Jan 6/ SIGNED			
•		22c. PHYSICIAN'S NAME (Type) Paul	H Royse	1403 70les	, La, Pikes	ville8M			
	230. BC	BURIAL, CREMATION, 23b. DATE THEREO REMOVAL (Specify) 1 -1.5 -			OCATION (City, town, or county) LEW HAVEN, CO	(Stote)			
	24.1 Jo	UNERAL DIRECTOR'S SIGNATURE HN O. MITCHELLY SOM	NS, INC. 1900 EUTAW	PLACE DATEJAN 1	egistrar 256. REGISTRAR'S SIG 7'81 Curling S. 1	1 -			

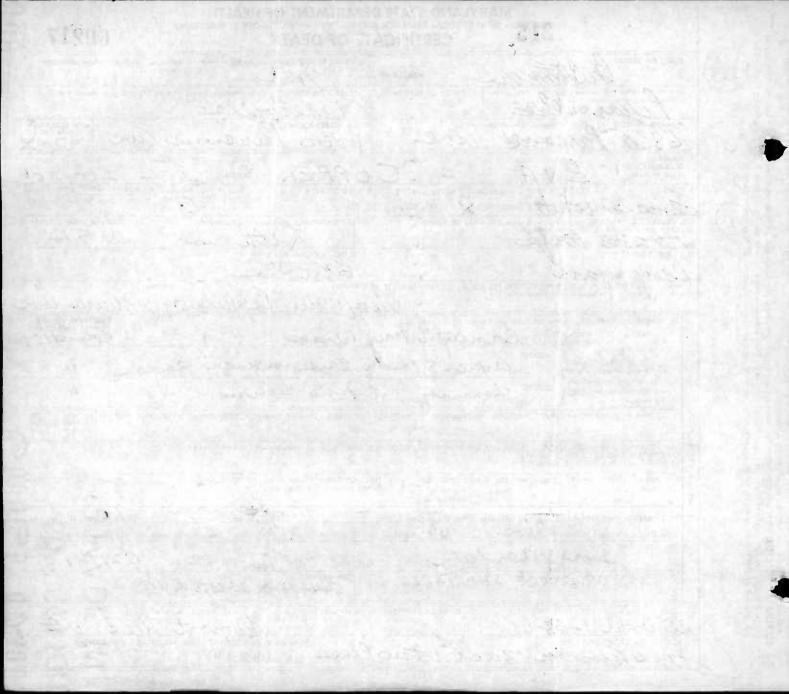


VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH PHYSICION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00217

a. COUNTY	Faltemor	Q MAR		STATE MA		If institution: Re COUNTY	esidence before o	dmission)
RURAL and give no	sville		(IN 1b	CITY OR TOWN (IF	autside carporate lim	its, write RURAL		
or Histitution	AL Monot in hospital, give stre	live	6	860 P	arson	is a	110	S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	EVA	Middle	Co	PPEL	4. DATE OF DEATH	Manth L —	26-	Year 1961
Temale	6. COLOR OR RACE 7. M.	ARRIED NEVER MARR		TE OF BIRTH	9. AGE		NDER 1 YEAR IF	UNDER 24 HRS aurs Min.
	ON (Give kind of work dane 1) king life, even if refred)	06. KIND OF BUSINESS (OR INDUSTRY	11. BIRTHPLACE 1857	ar fareign country	1	2. CITIZEN OF WE	14 COUNTRY
13. FATHER'S NAME	. 0		14.	MOTHER'S MAIDEN	NAME			
15. WAS DECLASED EVE		16. SOCIAL SECURITY NO	D. 17. MFORM	anun	Coppel	Address -3918	Mains	e aux
PART I. DEA		ronary ar	terio i	cardis-v	gsale,	line	ONSET	AND DEATH
gave rise to i couse (a), stoting lying cause last.	mmediate (Seneralzis	e an	ris-3d	Paroris			"
PART II. OTH	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DE	EATH BUT NOT	RELATED TO THE TERM	IINAL DISEASE COND	DITION GIVEN I	P	WAS AUTOPSY PERFORMED?
	AS UNDERLYING [20b. D. C.	DESCRIBE HOW INJURY O	OCCURRED. (En	ter noture af injury in	Part I ar Part II af it	em 1B.)	A RIA	
20c. TIME OF INJUR Hour a. m. p. m.	Wh	H. INJURY OCCURRED wile Nat while wark of work		F INJURY (Hame, farr street, affice bldg., etc		n)	(Caunty)	(State
21. I certify the	at (I) (this hespital) atte	1-		accurred as 19	M, fram the co		19 6 Ohat	
22a. SIGNATURE	Beng Shan	fatz	M.D.	PHYS. D	AED. STAI		1/27/6	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	UR.GEORGE	SHARFATZ		S443 PA	RK HEIGHTS	SAVE		
23a. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEA	AETERY OR CRE	MATORY	123d. LOCATION (C	ity, tawn, ar car	ews. T	(State)
24. FONERAL DIRECTOR		100 Est	are Pl	2So. REC	D BY REGISTRAR	25b. REGISTRAI	R'S SIONATURE	a



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

C0218

1. PLACE OF DEATH o. COUNTY Backto	MARYLAND	Muyle	und b. county	26-60
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	61.	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	010	d. STREET/ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) BENJAMIN -	HARRISON	- Cox	4. DATE OF DEATH	ec_ 8 196/
m win	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH april 27-1	9. AGÉ (In yeors lost birthdoy)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	Merry	1-land	12. CITIZEN OF WHAT COUNTRY?
alever lox		14. MOTHER'S MAIDENYN	u Will	chu
15. WAS DECEASED EVER IN U. S. ARMÉD FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) (World Warth)	16. SOCIAL SECURITY NO. 17. I	New B Have	won lox ly	Spenae Med Pos.
18 CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronaus	Thumbon	is	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) (b)	Intermele	nature I Lea	ent Direare	5 yr
gave rise to immediate cause (a), stating the under-lying cause last.	1 Lypentenn	· · · · · · · · · · · · · · · · · · ·		5 yr
PART II. OTHER SIGNIFICANT CONDITION	V			IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 12
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in t	Port I or Port II of item 18.)	
A Hour o.m.		LACE OF INJURY (Home, farm actory, street, office bldg., etc		(County) (Stote)
21. I certify that (I) (this hospital) at sow the deceased alive on Dec			48, to Jen 8 M, from the causes a	nd on the dote stoted abave.
220. SIGNATURE WIN 7 own	l	M.D. PHYS. DI	ED. STAFF PHYS.	1/9/6 JATE SIGNED
22c. PHYSICIAN'S NAME (Type) WH FOA	rd M.D.	MANCH	rester, 1	ud
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OF	OR CREMATORY	23d. LOCATION (City, town,	es The
24 FONERAL DIRECTOR'S SIGNATURE.	Heurpiterd	1 11 . 1	4 O 104	Sistrar's SIGNATURE

TO HOSPICALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 may be in the his part of contending physician.

TO FUNERAL BIRECTOR: After this certificate has been signed by the ottending physician and campletely filled the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remave carban pages. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remavol, and in any event, within 72 hours affer death.

VR A15 (4) 15M 9/59

PRABU SC BYASHING TO DRAME with the sale with the sale of the

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed fived, If Institution; Residen a. COUNTY by the and 2 death. Maryland -Baltimore MARYLAND Baltimore

b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate timils, writa RURAL and give nearast lown) c. LENGTH OF STAY IN 16 ρλ write RURAL and give neerest lown) Baltimore .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) led d. STREET ADDRESS Veterans Administration Hospital 818 W. Lombard St. 3. NAME OF 4. DATE DECEASED complet (Type or print) DEATH CROISSANT January carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH and lest birthdey) Months Male DIVORCED WIDOWED X event, August 30 physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired Baltimore Maryland
14. MOTHER'S MAIDEN NAME Sand Blaster Contracting 13. FATHER'S NAME ease affending Greavy Croissant Unknown a 16. SOCIAL SECURITY NO. 17. INFORMANTClinical Records -15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then removal, (Yes, no, or unkown) | (Ifyesgive war or dates of service) VAH Baltimore 18, Md. - Fort Howard Dixision the Yes WW-1

18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c). ig physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) MYOCARDIAL INFARCTION burial-transit DUE TO attending ARTERIOSCLEROTIC CARDIOVASCULAR HEART DISEASE Condilions, if eny, which certificate has been r use as the burial-tr geva rise to immediate causa DUE TO (a), steting the undarlying ARTERIOSCIEROSTS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) hospital as to Cor Pulmonale - Bronchopneumonia
RLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) etached for may be retained by the DIRECTOR: After this 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) Month, Dev. Yaer Not While factory, street, offica bldg., etc.) While et work at work O pluods 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. director, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) NORMAN P. JONES, M.D. VAH. Fort Howard. Maryland 123d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore National Cemetery Baltimore Burial 25a. REC'B BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 6009 Harford Road DATE AN 2 4 '61 VR A15 (4) arthur & Kraus 15M 9/60 Cook-Blight, Inc. Baltimore, Maryland

DIVISION OF STATISTICAL RESEARCH AND RECORDS.

MARYLAND STATE DEPARTMENT OF HEALTH

3401.4

Deys

U.S.A.

(County)

e. IS RESIDENCE ON A FARM?

YES NO T

IF UNDER 24 HRS.

Min.

Hours

ONSET AND DEATH

Unknown

Unknown

19. WAS AUTOPSY

PERFORMED?

NO Y

(State)

22b. DATE

Jan. 22.1961

SIGNED

4-5 days

THE SHARE STATE AND THE PARTY OF T was a branch of the state of th The Mark Of Vennilla Comment 1.18.11 / hnslygus jaroniy ad priemeydred TANK DESCRIPTION OF THE PARTY SERVICES AND THE PARTY SERVICES MYAE TOM Communicationary - a familiary and Ston Children AND THE STREET STREET, THE STREET STREET, THE STREET, wayer a second of the contract of the contract

ral director. Page for your files. Mealth. elay is necessary, TO DEX. If MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If arrival is necessarily and statement of the property of the property of the property of the property of the chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNEAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. its designated agent, prior to burial, cremation, or removal, and in any event

> VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 218MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00220

1. PLACE	OF DEATH					2	. USUAL R	ESIDEN	CE (Where o	deceased	lived, If	institutions	Residen	e before	dmission)
a. COU	AII	BALT	IMORE	C	MARYL	AND	e. STATE	Mar	yland		b. COU	Be Be	ltin	nore	
		outside corporete give nearest town		c. L	ENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If outside cor	porala lir	mits, writ	a RURAL ar	d give r	neerest lov	vn)
WITH	a vovve and	give nearest town	'			7	Rel	timon	re						
d. NAM	E OF HOSPIT	AL OR INSTITUTIO	ON (if not i	in hospital,	give street addres	s)	d. STREET				9.5 9%				ESIDENCE A FARM?
2	Ol Dum	barton R	oad				201	Dum	barton	Roa	4			YES T	
3. NAME DECEA			First		Middle		Last	~ (411)	4. DATE	IWa	Mont	h	Day	Yee	r
(Type or			ecil		Т.		ULLOM		DEAT	н	Janu	ary]	2.	19	61
5. SEX		6. COLOR OR R	ACE 7. M	ARRIED	NEVER MARRIED	☐ 8. D	ATE OF BIRTI	1			(In years irthday)	IF UNDER		IF UNDER	
Ma	le	White		OWED [DIVORCED		y 6, 1	900			yrs.	Months	Days	Hours	Min.
10a. USUA	L OCCUPATI	ON (Give kind of king life, even if	work 1	Ob. KIND O	F BUSINESS OR I	NDUSTRY	11. BIRTHPLA	CE (Siela	or foreign co	ountry)		12. CI	TIZEN O	F WHAT	OUNTRY?
		rwriter		Ins	urance		Mary	land							
13. FATHER	R'S NAME					14	. MOTHER'S		NAME			All Hall		9-11-15	-110
L	eslie	S. Cullo	m				MaudS	tetso	on						
		R IN U.S. ARMED			AL SECURITY NO	. 17. INF	ORMANT				Address			111	
Ye	S	I WW				Mrs.	Mary	M. Cu	llom	S	ame				
		EATH [Enter only											ON	SET AND	
	AKI I. DEATE	MAS CAUSED B	(a) Hy	perter	sive Ar	terios	clero	tic C	ardiov	rascu	ılar	Disea	ase.		
4	-43	X DUE	то												
	ions, if eny		(b) Asc	cites	•	100									
	ise to immedie eting the ur	> DIII	то Ві	latera	al hydro	thora	C•								
ceuse					zed Ana										
NO PA	RT II. OTHER	SIGNIFICANT CO	NDITIONS	CONTRIBU	TING TO DEATH	BUT NOT R	ELATED TO T	HE TERMIN	NAL DISEASE	CONDIT	TION GIV	EN IN PAR	T 1(e) 1		UTOPSY RMED?
PA 20a. E PRIMA													1	ES ES	-
20a. E	EXTERNAL CA	USE WAS	20b. D	ESCRIBE HO	OW INJURY OCC	URED. (Entai	natura of in	ury in Pari	t I or Part II o	of item 18	.)				
	OF DEATH.														
0 .	IME OF INJUI	RY Month, Day			Y OCCURRED 2		OF INJURY (I street, office			ty or tow	n)	(Cor	inty)		(Stata)
WE	p.m.			t work	at work										
21. I	certify th	at I took charg	ge of the	remains	described abo	ve, held	an Autops	y X ,	Inspection		Inqui	ry D,	and	in my o	pinion
death	resulted for	rom: Natura	causes	XX A	ccident,	Suicide	, He	omicide	, Ui	ndeterm	nined m	nanner [
		11/	11	1/-	~ /		CHIEF	MEDICAL I	EXAMINER [
ACTU	ATURE	1 cela	- 1/	hour	ax		M.D. ASSIST	ANT MED	ICAL EXAMI	NER 🔀			-	ATE SIG	
EXAN	INER'S		17 6		In M	D	DEPUTY	MEDICAL	L EXAMINER		J	anuar	y 12	, 190	51
	1.16-1	William							city, town, or						
REMO	VAL (Spacify)	N, 22b. DATE T	HEREOF	22c.	NAME OF CEME	IERY OR CR	EMATORY		22d. LOCA	TION (C	Ity, fown	, or country	/)	(Stat	•)
Crema		1/13/61			eenmount	Crema		04 877				aryla		ID F	D. y
23. FUNER	AL DIRECTOR		1		ADDRESS	12	1		'D BY REGIST						
Im	y ke	lever 8	Acr	0/	Jullo 1	1,11	d	DATE JA	IN 16'6	01	a	"Thur &	. That	A.B.	
	//		1									100			

SECRETARY NUMBER OULION Commercial 1 9 9 ON I STATE OF THE hanten was some will be and the series of the facts throlling the real control of the control of Percent Information of Conference and a state of the contract . Assistant Cato County Long Fire and County , 10 14 180, 100 il 190 il Jan S. Standard The state of the s And a could not seemed the live of the seement to t

MARYLAND STATE DEPARTMENT OF HEALTH OUTSIGN OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00221

1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryl	deceased lived. If institution: Ind b. COUNTY	Residence before admission) Bab timore
b. CITY OR TOWN (If outside carporate lin RURAL and give project town) 11e	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	de carporate limits, write RURA	L and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION 3 Bucking	give street address)	4 STREET ADDRESS 4003 Bucki	ngham Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) PETE	irst Middle	D' Adamo 4.	DATE OF Jan 28	, 1961 Year
Male 6. COLOR OR RACE	7. MARRIED NEVER MARRIED NOT NEVER N	B. DATE OF BIRTH	1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retire Contractor	d) General	Pasto , Its		U.S.A.
I3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Pasquale D		Anna Marie		
(Yes, no, or unknown) (If yes, give war or dates of	service)	INFORMANT	49 48 (
No	213-12-8558 M	rs. Carmello	D' Adamo, Buc	ckingham Rd.
18. CAUSE OF DEATH [Enter only one	cause per line far (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	ACUTE PU	LMUNARY	EDEMA	ONSE! AND DEATH
LLU3 X DUE T		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Cardinian if any which	HYDERTENCHES	ARTERIOSCLERO	TK HEADT D	1 SEARCE
gave rise to immediate		14/01/103022010	TE TEAK!	130/36
cause (a), stating the under-	ARTERIOSCLE	ERUSIS GEN	CAA1 175	h
lying cause last.	(4)			V V V V V V V V V V
PART II. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	PERFORMED
V				YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER	206. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part	t I ar Part II af item 18.)	
20c. TIME OF INJURY Month, Day, Y Haur a. m. 19 p. m. 19		PLACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State
21. I certify that (I) (this hospita	at) attended the deceased from	FEB. 15 , 195	7. to JAN. 28	196/, that (I) (I) la
saw the deceased alive an		Account 1		
22a. SIGNAPURE	The state of the s	dedit discorred di-queepin	, main me causes and c	22b. DATE
Samuel O	Acalia	M.D. PHYS. MED.	CTOR STAFF	1-30 SIGNE
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS 133/86/576	RSTOWN RUAT	PIKESULLEA
23a. BURIAL, CREMATION, 23b. DATE THERI REMOVAL (Specify)	EOF 23c. NAME OF CEMETERY	OR CREMATORY 23	d. LOCATION (City, tawn, or co	aunty) (State)
Entonement 2-1-6	1 Druid Rid	70	Pikesv	ikle. Md.
24. FUNERAL DIRECTOR'S SIGNATURE	WELL ADDRESS	25o. REC'D 8	Y REGISTRAR 256, REGISTRA	R'S SIGNATURE
	ezec,	DATE FEB	1 '61 Circh	un S. Krous

TO HOPEN may b. TO FUNER

VR A1S (4) 15M 9/59

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600 60 - 1000 - 1100	. Alter 10 et 108 and Lacrata (1 o lacra)	A to accept
		gendbuleng 20-1-51 Webnich, Janes 2016

illed in by the funeral Pages 1 and 2 should urs after death. within 24 hours after death. TO FUN SAL DIRECTOR: After this certificate has been signed by the attending physician and complex illed in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state of the state Dept. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HCS.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 220 CERTIFICATE OF DEATH 0222

П	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Re	sidence before edmission)
П	o. COUNTY Baltimore MARYLAND	o. STATE Many and b. COUNTY Bay	1 timore
	b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)
P	write RURAL and give neerest town)	X Parkville	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
	-90-01111 / 100 /	011111111111111111111111111111111111111	ON A FARM?
	1805 Old Harford Road	17805 Old Harford Road	YES NO
	3. NAME OF First Middle	Lest 4. DATE Month OF	Dey Yeer
	(Type or print) Mr. Joseph (Leveland Do	avidson DEATH January 2	25, 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 Y	
	male white WIDOWED DIVORCED DIVORCED DIVORCED	Jec. 23, 1892 68 yrs.	ays Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
\	Butcher	Maryland	ISA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Wintield Davidson	Margaret Lewis	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice) 213-03-6823	brs. Elizabeth Davidson	same
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	70 cular queaden	ONSET AND DEATH
	22/4	The second was a second	1,1100-0
	DUE TO	interesclessed	marca 4.
	Conditions, if eny, which geve rise to Immediate couse	mus secret	- 12
9	(e), steting the underlying DUE TO		
	cause lest. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
	CAT		YES NO
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 18.)	
		ACE OF INJURY (Home, farm, 20f. (City or town) (Count tory, street, office bldg., etc.)	y) (Stete)
	Hour e.m. While Not While et work et work	iory, shoot, office bragity decry	
	21. I certify that (I) (this hospital) attended the deceased from.	Deport 7, 1960 to Jan 25, 196	/ that (I) (we) last
		t death occured at II. L.M., from the causes and on the	
	22a. SIGNATURE	death occurred displayment from the education and on the	22b. DATE
	Mill Thered	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS	1 0
	NAME (Ťype)	Sur Harford Rd, balls	· 14 hed
	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
	Burial 1-28-61 Moreland/	Mem. Park Baltimore, Ma	ryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE
	Leonard J. Ruck 5305 Harford Road	d #14 DATE JAN 30'61 arily 8.1	Kraus
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	MARY 221
PLACE OF DEATH	Baltimore
RURAL ond give	(If outside corporate lim nearest town) 71110
NAME OF HOSP	ITAL (If not in hospital

LAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	CERTIFICATE	OF	DEATH	

Reg. Dist. No. 00223

1. PLACE OF DEATH o. COUNTY Ball	timore	MARYLAND	2. USUAL RESID	ENCE (Where deceased			
b. CITY OR TOWN (If outsic RURAL and give nearest to Catonsvill	.0	3 Yrs.			ote limits, write R	URAL and give	nearest town)
d. NAME OF HOSPITAL (IF OF INSTITUTION 35 OVER Droc	not in hospitol, give strok Road	Catons ville C. LENGTH OF STAY IN 16 3 YPS. Catons ville d. STREET ADDRESS 35 OVERDOOK ROAD C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catons ville d. STREET ADDRESS 35 OVERDOOK ROAD C. LIST OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS 35 OVERDOOK ROAD C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS 35 OVERDOOK ROAD C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CON A FARM. VES NO. 10 ATTE Month Day Year Con A FARM. VES NO. 11 DATE DATE Month Day Year Onther Hoolth Day Hours Min Month Day Hours Min Month	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	Mary	Emma De		OF			
The second second second					last birthdoy)		
10o. USUAL OCCUPATION (Giduring most of working life House-wife 13. FATHER'S NAME	re kind of work done to even if retired)	10b. KIND OF BUSINESS OR INDU		DOWN (If outside corporate limits, write RURAL and give nearest town) tons ville ADDRESS Verbrook Road Comparison C			
David Fitz	gerald		MARYLAND O. STATEM d. D. COUNTY Baltimore NOTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) SYRS. Catons ville d. STREET ADDRESS 35 OVER DOOK ROAD Middle Ma DePriest Depriest Depriest Jan. 25, 19 61. NEVER MARRIED DIVORCED DIVORCED II. BIRTHPIACE (Stote or foreign country) Pa. 14. MOTHER'S MAIDEN NAME Mary Frances Shepler L. SECURITY NO. 17. INFORMANT One Harry J. DePriest 35 OVerbrook Road INTERVAL BETWEEN ONSE! AND DEATH ONE COLOR (D.) WELL STATEM DIVORCED LIST COLOR (D.) WELL STATEM DIVORCED LIST COLOR (D.) WELL STATEM DIVORCED INTERVAL BETWEEN ONSE! AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WELL STATEM DIVORCED. (BUT ONE COLOR ED. (Enter notive of injury in Port) or Part II of item 18.) COCCURRED COCCURRED COCCURRED DePries S(Stote) ONE PLACE OF INJURY (Home, form, 100 of Color), street, office bidg., etc.) DEP M.D. ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote) DATE SIGNED NAME OF CEMETERY OR CREMATORY ADDRESS (Street, city or town, stote) ADDRESS (Stote) 1240. RECIDENT RESISTAR 1240. REGISTRAR'S SIGNATURE				
15. WAS DECEASED EVER IN U (Yes. no. or unknown) (If yes, g)	. S. ARMED FORCES? ive war or dates of service)	none Ha	INFORMANT		Addi	ress	Road
PART I. DEATH WA	DUE TO	liver m	1		metus o, seafm	0	NSET AND DEATH
3 arten	is relex	stic heart di	sead with	Lougeste	in hearty	EN IN PART 160	PERFORMED?
20g. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH AL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of	injury in PortA or Part	II of item 18.)		
ZOC. TIME OF INJURY MO Hour o. m. p. m.	w W	nile Not while for	ACE OF INJURY (He ctory, street, office I	ome, form, 20f. (City bldg., etc.)	or town)	(Count	ly) (Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	uy 24, 19 u n. x	Suyley MI	accurred at 8	LAM, from	the causes a	and on the costote)	date stated above. DATE SIGNED
051101111 15 15 1	-28-1961		R CREMATORY			r county)	a (Stote)
23. FUNERAL DIRECTOR'S SIGN G. Howard Str				240. REC'D BY REGISTE			

VS A15 (4) 15M 10/57

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VS A15 (4)

15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	RE, 1	8
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CERTIFICATE OF DEATH

00224

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE Ral timore b. COUNTY Ral timore Maryl and MARYLAND CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Life Marsh , Balto. 6. Md. White Marsh d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? White Marsh Rd. Box 441 YES NO Box Will B White Marsh NAME OF DECEASED Middle 4. DATE Last Month Year (Type or print) DEATH 196/ 5. SEX 9. AGE (In years last birthdoy) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Male DIVORCED T 1880 WIDOWED [7] April 5. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Balto. Co. Md. USA Farming Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob J. Dieter Anna Luntz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes no or unknown) Mrs. Margaret Dieter Box 411 B White Marsh Rd. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year 20d. INTURY OCCURRED (County) (State) MEDI Hour o. m. foctory, street, office bldg., etc. While Not while at work ot wark 1950, to Danuary 2, 1961, that I lost saw the deceased 21. I certify that I ottended the deceased from Deceased , and that death occurred at A. M. from the couses and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL 636 (Belsen PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Riggi 2 2-5-196 Holy Redeemer Baltimore. Md 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR Cuthung S. Kraus DATE JAN 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 223 CERTIFICATE OF DEATH Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived//If institution: Residence before admission) filed a. COUNTY & COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write RURAL and over negrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN II auxide corporate limits, write RURAL and give nearest town) blooks nae d. NAME OF HOSPITAL (If no) in haspital, give street address). OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? C YES NO NAME OF 4. DATE Middle Month Day (Type or print) DEATH aullen 10 6. COLOR OR RACE 5. SEX * 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days DIVORCED | papers. WIDOWED M 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if reffred) å after 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (ck) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO 1 Leusen cars Canditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not while at work at wark 21. I certify that Lattended the deceased from that I last saw the deceased and that death occurred at ZINCAM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL P PHYSICIAN'S NAME (Type) he registrar FUNER 3 220 BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) MD, 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) Chilay & Thous 15M 10/57

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VS A15 (4) 15M 9/5B

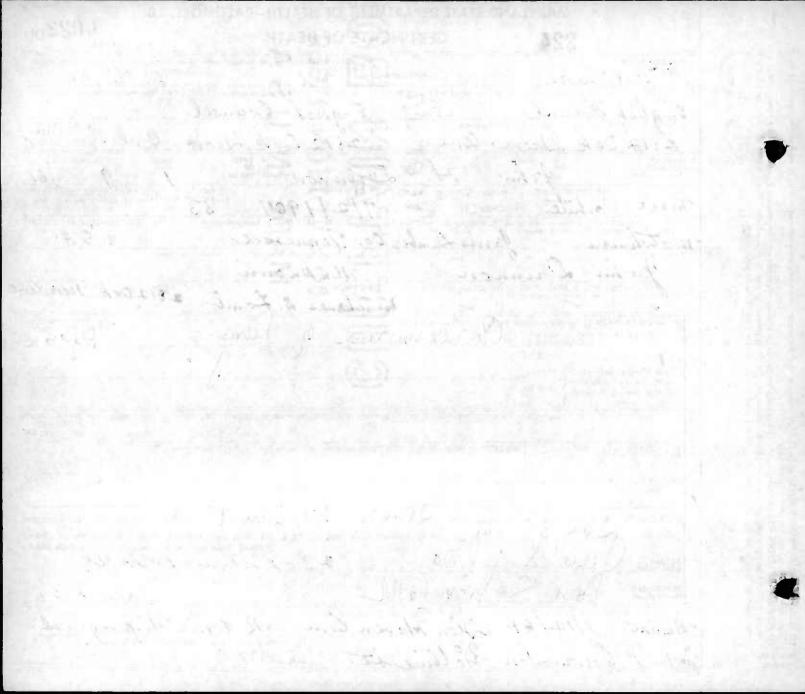
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

224 CERTII

CERTIFICATE OF DEATH

00226

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1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE			pefore odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL one) give neorest town)	c. LENGTH OF STAY IN 16	English	oursel	write RURAL ond give	nearest town)
	-address)	d. STREET ADDRESS 2812 Ca	& Strave	ave	e. IS RESIDENCE ON A FARM? YES NO 10
3. NAME OF DECEASED (Type or print) First	SPEATH MARYLAND ROWN II fourtide corporate limits, write of County B. SULMAND COUNTY B	Pay Year 196/			
1. PLACE OF PEATH O. COUNTY ARYLAND D. CHY OF COVING (If outside corporate limits, write a county) B. CHY OF COVING (If outside corporate limits, write a county) B. CHY OF COVING (If outside corporate limits, write a county) B. CHY OF COVING (If outside corporate limits, write a county) B. CHY OF COVING (If outside corporate limits, write a county) B. CHY OF COVING (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county) C. CHY OR FORM (If outside corporate limits, write a county of county) C. CHY OR FORM (If outside corporate limits, write a county of county) C. CHY OR FORM (If outside corporate limits, write a county of county) C. CHY OR FORM (If outside corporate limits, write a county of county) C. CHY OR FORM (If outside corporate limits, write a county of county) C. CHY OR FORM (If outside corporate limits, write a county of county) C. CHY OR FORM (If outside county) C. CONTRIBUTION (If outside county) C. CHY OR FORM (If outside county) C. CHY O					
Walchware fa	wis Lumber			12. CITIZEN	S #
13. FATHER'S NAME Pohn Drinn	on	1 20 6.			
15. WAS JECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. Junknown) (If yes, give wor or doles of service)	SOCIAL SECURITY NO.	20 70	Lamb	Addres Del	Drove les
PART I. DEATH WAS CAUSED BY:	ne for (o), (b), and (c).]	na of	hung		NTERVAL BETWEEN
Conditions, if ony, which) (b)		O	\ ·		. 1
gove rise to immediate DUE TO					
	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PART 1(c	PERFORMED?
	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in P	art I or Port II of item	18.)	
20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. 19 while of wo	Not while fo			(Coun	nty) (Stote)
101-7	61	16, 1960 to 16			
ACTUAL (QLQ Xe)	beefr				DATE SIGNED
PHYSICIAN'S NAME (Type)	hon-fald			Jan	1161
220. BURIAL, CREMATION, 22b. DATE THEREOF BEMOVAL (Specify)	22c. NAME OF STMETERY OF	or CREMATORY	22d. LOCATION ICITY.	town, or county)	ry Ind.
23. FUNERAL DIRECTOR'S SIGNATURE	2 ADDRESS	24g. REC'I	4 0 104	arthur & H	



TO HOW TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

See 4 may be retained by the hospital or attending physician.

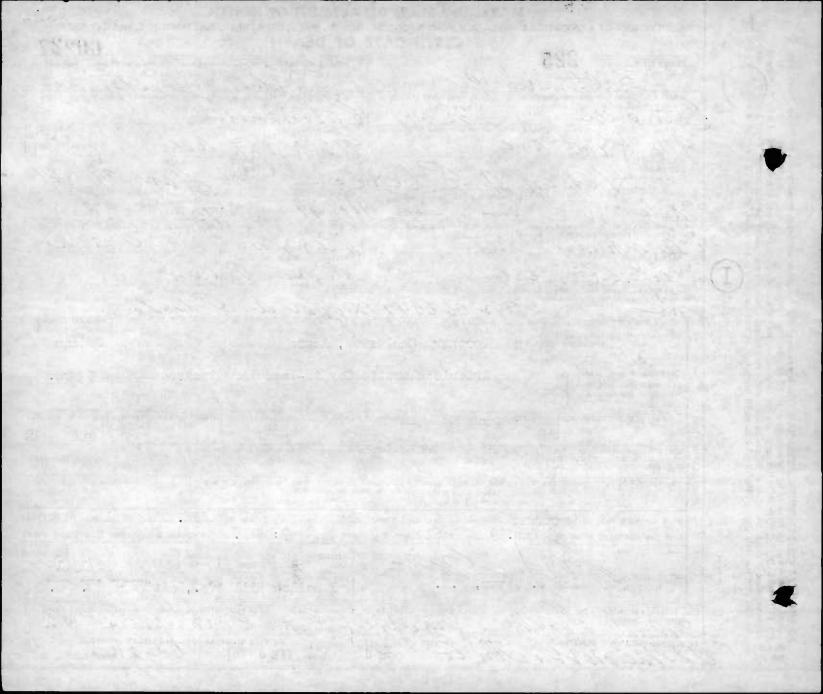
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Yet a may be retained by the hospital or attending physician.

Yet a may be retained by the hospital or attending physician and compiled in by the funeral or a filled in by the funeral or a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72-hours after death.

1	DIVISION OF	STATISTICAL F	RESEARCH AND REC	ORDS, 3	01 W. PRESTO	N STREET,	BALTIMO	RE 1, MAR	RYLAND
S. NAME OF Continued Con	00227								
•. cc	PLACE OF DEATH e. COUNTY Cou		LAND	c. CLEY OR TOWN	A. (If outside corpo	b. COUNT	alter	nore	
3. NAM DEC (Type 5. SEX IDe. US dope da	ME OF HOSPITAL OF EASED 6 or print) 6.	OR INSTITUTION (if no provided in the provided	MARRIED NEVER MARRIED	INDUSTRY 1	d. STREET ADDRESS Last Last Last Last Last Last Last Last	4. DATE OF DEATH 9. Inly & Stete, or for	GP (In years I last birthdey)	F UNDER 1 YEAR Months Doys	196/ IR IF UNDER 24 HRS. Hours Min.
1/1	erkola	E ber	le-		Rosa	B,	uss		
15. WA: (Yes, no.	S DECEASED EVER IN	U.S. ARMED FORCES give wer or detes of servi	16. SOCIAL SECURITY NO. 2 /2 36 634	0. 17. INFO	OBEL	a. 8	Address	Ce_	
Con	PART I. DEATH W. IMM 420. Iditions, if any, we rise to immediate of	AS CAUSED BY: EDIATE CAUSE (e) DUE TO hich (b) Couse	Coronary Oc	eclusio		scular I	lisease		INTERVAL BETWEEN ONSET AND DEATH Sudden 5 375
CATION	PART II. OTHER SIG	UNDERLYING 21						N IN PART 1(e)	PERFORMED?
WEDICAL WEDICAL	Hour e.m.		WhileNot While				or town)	(County)	(Stete)
saw 22e	certify that the deceased . SIGNATURE	alive on Jan	2919.61., ar	nd that de	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	and on the	date stated above 22b. DATE SIGNED 2/1/61
	RIAL, CREMATION,			buli	REMATORY	23d. LOCA			29. Md. (Stele)
24 EUN	ERAL DIRECTOR'S S	IGNATURE ALL	fon Con Co	28	25a. RE		RAR 25b. REGI	ISTRAR'S SIGN	

MARYLAND STATE DEPARTMENT OF HEALTH



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funery director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your is.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation,

or removal.

VS. A15ME(5) 5M 9/55 W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No.

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Ь		outside corporate limits, writ	ONE MARYLAND O. STATE M.C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WOO d. CAUM WOO d. CAUM WOO d. CAUM TOWN (If outside corporate limits, write RURAL and give nearest town) WOO d. CAUM WOO d. CAUM WOO d. CAUM A. STREET ADDRESS A. STREET ADDRES A. STREET ADD	rest town)							
/ d		/ /			ON A FARM?						
-1	NAME OF DECEASED Type or print)	Fir			Day	Year					
5. S	EX	1		D NEVER MARRIED	8.		DEATH	9. AGE (In years	IFUNDER 1	YEAR IF	UNDER 24 HRS.
-	nace. USUAL OCCUPATION The property of working most of working.	white ON (Give kind of work g lifer even if retired)	MARYLAND MARYLA								
13.	FATHER'S NAME	ignouse							l u.	277	
	WAS DECEASED EVI	RY COLEY ER IN U. S. ARMED FO (It yes, give wor or dates of		50CIAL SECURITY NO. 15098084	111	FORMANT (300	- A A	Ave.		
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO The couse (b) Inderlying (b) DUE TO		(o), (b), ond (c).	na	y In	lon	brie		ONSET A	L BETWEEN ND DEATH
FICATION									EN IN PART		PERFORMED?
1	20g. EXTERNAL CAL PRIMARY OF CON CAUSE OF DEATH.							of item (B.)			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.		While	Not while	Factor	OF INJURY (Home, for y, street, office bldg., et	m. 20f. (City c.)	or town)	(Coun	ity)	(Slote)
						de, Homicid M.D. CHIEF MEDICAL E ASSISTANT MEDIC	e , UI	ndetermined o			
	BEMOVAL (Specify)	N, 226. DATE THEREO			A I	REMATORY	/ / /	TION (City, Mon, o	Md.		(Stote)
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certificate assembly

certificate death

DATE JAN 1 8 '61

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00229

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Maryland Baltimore COUNTY COUNTY MARYLAND CITY (If outside corporeta limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) TOWN TOWN Long Green lowson HOSPITAL OR STREET (If rural give location) ADDRESS INSTITUTION OR Towson Convalscent Home STREET ADDRESS Rural (First) (Middle) (Last) 4. DATE (Month) (Day) (Yaer) 3. NAME OF DECEASED Henry Ehlers DEATH Jan. 13,1961 GEORGE (Type or Print) SINGLE, MARRIED, WIDOWED, DIVORCED, 5. SEX 6. COLOR OR B. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS Hours Male (Specify) Married March 21. 1881 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if 12. CITIZEN OF WHAT COUNTRYZ OR INDUSTRY Maryland State Teachers College Groundskeeper-Ret 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth Elizabeth Holbrook Justice H. Melson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (Yas, no, or unk.) (If Yes, give war or detes of service) Family Records None None No INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY streat, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. INJURY OCCURRED (Yeer) 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Dey) While Not while at work at work 22. I hereby certify that I attended the deceased from I Willy , 1936, to 13 May, 1961, that I last saw the deceased SIGNATURE ADDRESS (Streat, city, town, stata) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stata) REMOVAL (SPECIFY) Prospect Hill Cemetery Towson, Maryland 16,1961 Burial 25. FUNERAL DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS

John Burns' Sons, Towson, Md.

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CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be anneaby the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be tiled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF o. COUNT	Υ		MAI	RYLAND 2	. USUAL RESIDENCE		d lived. If institution b. COUNTY	on: Residen	ice befo	re admissio	on)	
Baltimore					Maryland Baltimore							
	R TOWN (If outside corporate lin and give nearest town) Catonsville	nits, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN		prote limits, write R	URAL ond	give nec	irest town)		
d. NAME OF HOSPITAL (If not in haspital, give street address)					d. STREET ADDRESS					e. IS RESI	DENCE	
or institution 2014 Rockwell Avenue					1 2011 Re	ockwell	Avenue			ON A		
3. NAME OF		irst	Midd	lle	Last	4. DATE OF	Mon	th	Da	y Y	eor	
(Type or p	orint)	Minni			nest	DEATH	Januar		1 VEAD	IF UNDER	961	
5. SEX	6. COLOR OR RACE		NEVER MAR		DATE OF BIRTH		9. AGE (In years last birthdoy)	Manths	Days	Hours	Min.	
Female		WIDOWI		- 1	oril 21, 1		63 yrs.					
House	OCCUPATION (Give kind of worknost of working life, even if retire wife	done 10b.	KIND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE (St		country)	12. CIT	IZEN OF	WHATCO	OUNTRY?	
13. FATHER'S	>14 NE		77 -		14. MOTHER'S MAIDE						1000	
(River	George Lu	ther .	Hurley		Mary V	irginia				PAR	201	
	EASED EVER IN U. S. ARMED FO		SOCIAL SECURITY N	10. 17, INFO	RMANT		Add	ress				
(Yes, na, or unk	(If yes, give war or dates of	rervice)	None	Mr. C	harles V.	Ernest	Sr. 201	L Roc	-			
IB. CAL	JSE OF DEATH [Enter only one	couse per li	ne for (a), (b), and (c).]						ERVAL BET		
P P	ART I. DEATH WAS CAUSED BY:	(0)	Coronary	7 Occlu	sion. Acut	te				Sudden		
14-1	DUE T											
	XU 1	7.	ntonionale	matia	Cardio-vas	noulless 1	Di conco		12	E Non	+100	
	rise to immediate!	(0)	r cer rosere	SLOCIE	cararo-va:	scurar :	DISCASE		1	15 Months		
cause (o), stoting the <u>under-</u> DUE T	0										
		(c)										
CERTIFICATION (IL EITHE	PART II. OTHER SIGNIFICANT CO	NDITIONS (CONTRIBUTING TO D	DEATH BUT NO	OT RELATED TO THE TE	ERMINAL DISEA	SE CONDITION GIV	VEN IN PAR	RT 1(o)	PERFO	NO 📆	
20a. ACC OR CON (IF EITHE	CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER	4	CRIBE HOW INJURY	OCCURRED.	Enter nature of injury	in Part I or Pa	rt II of item 18.)					
	E OF INJURY Month, Day, Y p. m. 19	ear 20d. I While at war	NJURY OCCURRED Not while		E OF INJURY (Home, ry, street, office bldg.,		ly or town)	(County)		(State)	
	ertify that (1) (this hespite						Jan.					
	e deceased alive an	<u>an 18</u>	19 O.L., ar	nd that dec	ath accurred at 1	- CM, from	the causes ar	nd an th	e date			
22o. SIG	NATURE	1/2	val	M.I	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		1/2	22b	SIGNED	
	SICIAN'S Lego. C	aver,	M.D.		22d. ADDRESS 1 Mallo		Ave., Bal	timor	e 2	9. Md		
	CREMATION, 23b. DATE THER	EOF	23c. NAME OF CE	METERY OR	REMATORY	23d. LOCA	ATION (City, town,	or county)		(State	e)	
Buria	AL (Specify) 1/21/61		Lorraine	Park	Cemetery	Ra7	timore M	arvla	m			
	DIRECTOR'S SIGNATURE	1	ADDRESS			REC'D BY REGIS		STRAR'S SI	GNATU	RE		
Hm &	Tickness &	lans	Bulto	171	nd DATE	MM 2 5 '6	1 0	1.98	Truit	N		

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 229

E. CITY OR TOWN (if audide corporate limits, write RUBAL and give inserted town) During Mills Local Company Local Compa		1. PLACE OF DEATH o. COUNTY	+ i wana		MARYL		o. STATE	DENCE (Wh		b. COUN		nce before	admissio	en)
Confined Miles Ask Dundalk Confidence Confidenc	Ī,	b. CITY OR TOWN (IF	outside corporate limi	its, write	c. LENGTH OF STAY I	N 1b		THE PERSON		rote limits, write	RURAL ond	give near	est town)	-
d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS C. S					15 day		n	undall	le					
ROSEWOOD St. Tr. School A48 Trappe Road, 22	ĺ	d. NAME OF HOSPITA		give street					U.			e.		
S. NAME OF First Middle Lost 4. DATE Month Day Ysor Chartles Lee Evans DEATH	2		St Tn S	chool			1.	18 Tr	anne B	Road . II2	2			
Decards Charles Lee Evans Death 1 27 19 61					AAC-AAII.				7	-				
S. SEX A. COLOR OR RACE 7. MARRED NEVER MARRED B. DATE OF BIRTH 12/9/60 1		DECEASED							OF			OC		
Male White Widowed Divorced 12/9/60 13/9/60 13									DEATH	O ACE (In you	and the same of th	DI YEAR I		-
100. USUAL OCCUPATION (Give kind of work done life. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY? Baltimore, Maryland 13. FATHER'S NAME Wilbur Lee Evans 14. MOTHER'S MAIDEN NAME Delores Mae Durst 15. WAS DECASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROSEWOOD RECOrds 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), opd (c).] PART I. DEATH WAS CAUSE BY. DUE TO Conditions, if ony, which gover rise to immediate couse (o), string the per line for (o), (b), opd (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IP. WAS AUTOPSY PERFORMED? YEAR OR CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IP. WAS AUTOPSY PERFORMED? YEAR ON ACCIDENT WAS UNDERLYING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IP. WAS AUTOPSY PERFORMED? YEAR ON ACCIDENT WAS UNDERLYING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IP. WAS AUTOPSY PERFORMED? YEAR ON THE CONTRIBUTING TO LINE OF DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IP. WAS AUTOPSY PERFORMED? YEAR ON THE CONTRIBUTING TO LINE OF DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IP. WAS AUTOPSY PERFORMED? YEAR ON THE CONTRIBUTING TO LINE OF DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IP. WAS AUTOPSY PERFORMED? YEAR ON THE CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IP. WAS AUTOPSY PERFORMED? YEAR ON THE CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IP. WAS AUTOPSY PERFORMED? YEAR ON THE CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IP. WAS AUTOPSY PERFORMED? YEAR ON THE CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IP. COURTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IP. COURTED TO THE						_	12/9	11.		lost birthdoy) Months			
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14. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. INFORMANT 18. MAS DECEASED PYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. Address 18. MAS DECEASED PYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. Address 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), ond (c). 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), ond (c). 18. CAUSE OF DEATH 18. Address 18. CAUSE OF		during most of work	ing life, even if retired)										
No.	H		3		Hone	1			-	Judita				
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (II. SOCIAL SECURITY NO. 17. INFORMANT ROS EWOOD RECORDS III. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY. 3 HH WAS CAUSED BY. ONSET AND DEATH ONSET AND DEA	1		573.							mat				
ROSEWOOD RECORDS)			occo li	COCIAL CECURITY NO	17 10150		ores i	riae De		ddana			
18. CAUSE OF DEATH Enter only one couse per line for (o), (b), ond (c).					SOCIAL SECURITY NO.	17, 11410			Danne		daress			
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Conditions, if ony, which gove rise to immediate couse (a), stoling the under-lying couse last. Due to				ouse per lin	ne for (o), (b), ond (c).]	0 0		, 1		D .		ONSE	VAL BETY	WEEN DEATH
Conditions, if any, which gove rise to immediate couse (a), stoling the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY YESE PRINED? YESE PRINED? YESE NO	3	PART I. DEA	IMMEDIATE CAUSE () 4 5	inte and	x cx	ww	re b	non	arol	neu.	-		
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COUSE (a), storing the under. DUE TO				,	en Fen	1							77	
Jying couse last. (c) Characteristics (c) (c														
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 21. I certify that (I) (this haspital) attended the deceased from 1/12 19.61, ta 1/27 19.61, that (I) (we) last saw the deceased alive an 19, and that death accurred at \$3.500. From the causes and an the date stated abave. 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) 221. ATTENDING MED. STAFF PHYS. 27 - GOMED 222. PHYSICIAN'S NAME (Type) 222. PHYSICIAN'S NAME (Type) 223. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) 23d. LOCATION (City, town, or county) (Stote) 24. FUNERAL DIRECTOR'S SIGNATURE			(0	, de	me to	ad A	200	CRA	La	kun				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 21. I certify that (I) (this haspital) attended the deceased from 1/12 19.61, ta 1/27 19.61, that (I) (we) last saw the deceased alive an 19, and that death accurred at \$3.500. From the causes and an the date stated abave. 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) 221. ATTENDING MED. STAFF PHYS. 27 - GOMED 222. PHYSICIAN'S NAME (Type) 222. PHYSICIAN'S NAME (Type) 223. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) 23d. LOCATION (City, town, or county) (Stote) 24. FUNERAL DIRECTOR'S SIGNATURE		PART II. OTH	ER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	E CONDITION (GIVEN IN PAI	RT 1(o) 19.	WAS AL	UTOPSY
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 21. I certify that (I) (this haspital) attended the deceased from 1/12 19.61, ta 1/27 19.61, that (I) (we) last saw the deceased alive an 19, and that death accurred at \$3.500. From the causes and an the date stated abave. 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) 221. ATTENDING MED. STAFF PHYS. 27 - GOMED 222. PHYSICIAN'S NAME (Type) 222. PHYSICIAN'S NAME (Type) 223. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) 23d. LOCATION (City, town, or county) (Stote) 24. FUNERAL DIRECTOR'S SIGNATURE	1	TA I												
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 21. I certify that (I) (this haspital) attended the deceased from 1/12 1961, ta 1/27 1961, that (I) (we) last saw the deceased alive an 19 and that death accurred at 5.500. From the causes and an the date stated abave. 220. SIGNATURE M.D. PHYS. ATTENDING MED. STAFF 27 - GOMED 220. PHYSICIAN'S NAME (Type) 220. PHYSICIAN'S NAME (Type) 220. PHYSICIAN'S NAME (Type) 220. PHYSICIAN'S NAME (Type) 230. NAME OF CEMETERY OR CREMATORY 230. LOCATION (City, town, or county) (Stote) 230. NAME OF CEMETERY OR CREMATORY 230. LOCATION (City, town, or county) (Stote) 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE		20g. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OF	CURRED. (I	nter noture	of injury in f	Port I or Por	t II of item 18.)		-	1	
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saw the deceased alive an. 19 , and that death accurred a 8:500, From the causes and an the date stated above. 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 220. DATE 221. PHYSICIAN'S NAME (Type) Per Lew Richard Removed (Specify) 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 230. DATE THEREOF 230. NAME OF CEMETERY OR CREMATORY 230. LOCATION (City, town, or county) 230. SIGNATURE 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 230. DATE THEREOF 230. NAME OF CEMETERY OR CREMATORY 230. RECID BY REGISTRAR (25b. REGISTRAR'S SIGNATURE)			(I) (this bossis	1) 44		C	1/12	10	61	1/27	10 (67	A (1) (.	-> 1
220. SIGNATURE 220. SIGNATURE M.D. ATTENDING MED. DIRECTOR STAFF PHYS. DIRECTOR			,,,	'										
22c. PHYSICIAN'S NAME (Type) Peter W. Rieckert 22d. ADDRESS 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) 24. FUNERAL DIRECTOR'S SIGNATURE 1 ADDRESS 25G. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			ea alive an		/ and	that dea	in accurre	a alga_2	wat trom	the causes	and an th	e date s		
NAME (Type Peter W. Rieckert 4307 Mainfield Que Bally 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) REMOV		The state of the	& WR	sel	cet	M.D	. PHYS.	DI	ED. RECTOR		1	~ 5	7-1	GMED
REMOVAL (Specify) Saw 31-1961 Coswood Owing Mills and 24. FUNERAL DIRECTOR'S SYGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE			eterw	R	ieck	ert	22d. ADDR	+30	MI	ainf	ild	Que	7 4	Balh
24. FUNERAL DIRECTOR'S SIGNATURE REMOVAL (Specify) AND 31-1961 Coswood 250. REC'D BY REGISTRAR S5b. REGISTRAR'S SIGNATURE		23a. BURIAL, CREMATIO	N. 23b. DATE THEREC	OF	23c. NAME OF CEME	TERY OR C	REMATORY		23d. LOCA	TION (City, tow	n, or county)		(Stote)	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE		REMOVAL (Specify)	1 7		1)	1			13		mills		mod	
		24. FUNERAL DIRECTOR'S	11.	, , ,	1	-61		25a. REC'I	D BY REGIST	TRAR 256. RE	GISTRAR'S SI	IGNATURE		- 3
		VF8	Vine De	us .	Kustust	eun	nud	DATE						

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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77	WOT CTUILICAIT	01 PLAIII
No.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission
FRA	. COUNTY Baltimane	a. STATE A 1 1 b. COUNTY D 1
C#A!	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
0	write RURAL end give neerest town)	0 11:
Fer Her	lowson	Baltimore 3 V 0 1 - 4
s ale	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM
on o	1724 White Vak Avenue	6609 Birchwood Avenue YES NO
2 h	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
X ZZ	(Type or print) Mr. Theodore A.	Fonton DEATH January 31 sty 61
within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
£ 3	/ / / = =	12-17-1889 last birthday) Months Days Hours Min.
o tra	male white WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRE	RY 11. BIRTHPLACE (County & State, or foreign country) / 12. CITIZEN OF WHAT COUNTR
9 9	done during most of working life, even if refired)	
any	GAS & Electric VIALI CIERIS	BALTI HORE, MIN USA
es is	13/ FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(T)	JOHN IV FANION	CATHERINE E.
		INFORMANT Address
removal,	(Yes, no, or unkown) (Ifyesgivewarordalesofservice)	rs. (atherine Felder 3713 Woodlea A
e⊞ :	78. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
50	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corvery	Thrombosis ONST AND DEATH
1		
cremation,	DUE TO DUE TO DE TIN maleni	the hypertensis cardio-
crem crem	Conditions, if eny, which gave rise to immediate ceuse	para -
7	(e), steting the underlying DUE TO	ula disease 10 years
the burial	cause last. (c)	
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5 5	LEVEL CONTRACTOR CONTR	YES NO
prior O	E 200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury in Part I or Part II of item 18.)
5 <u>e</u>	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
eali		ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (Stete)
of H	Hour a.m. While Not While fac	tory, street, office bldg., etc.)
	p.m. 19 et work et work	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Dept	21. I certify that (I) (this bespital) attended the deceased from.	
= = = = = = = = = = = = = = = = = = =	saw the deceased and on farming 3/ 196/, and that	t death occured at 1.0 4.9, from the causes and on the date stated above
State	22a. SIGNATURE	22b. DATE
with the	Sacressi	ATTENDING MED. STAFF DIRECTOR PHYS. SIGN
D +	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Types 1049 Hayord E.J. A) essi	MD. 6217 Harturd Rd
iled	23e. BURIAL, CREMATION, 23b. DATE THEREOF , , 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
dire be fi	REMOVAL (Spycify) 7-3-1961 Darburged	Cemetery Baltimore Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
9/60	Loonard a Ruch 5305 Hartord Road	#14 DATE FEB 6 '61 Cirthun & Toronta
1100	I I DONNANCE IL ILLICIO A AUTA ILLICIO DICCE ILLICIO	DATE (DEED

OR ATTENDING PHYSICIAN: The law requires that the death certificate be may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and TO HOSP 154

1600 BUS IL ELEMENT FIRE FORENCE DE LE PRESENTE L'AN ELEMENTE WHOLL IN HOLL (I) L SAINSAIR S Joseph W. W. S. G. Words Statemer Cartesine Julies 3718 Budden Sue S N-work The same of the sa The state of the s committee to the my cury the first see suital sale the processed constants succiment the waterlike Levildre J. - Just 5305 Maryone Food If i ... 188 6 '81 ... Quid New York

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00233

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4

		23%		CERTIF	ICAT	E OF DEATH				64	120	3
	PLACE OF DEATH b. COUNTY	Baltimore		MARYI	LAND	2. USUAL RESIDENCE (Who o. STATE Mary		d lived. If institution b. COUNTY	on: Reside	nce befo	re admiss	ion)
E	B. CITY OR TOWN (III RURAL and give ne	outside corporate limit arest town)	123	LENGTH OF STAY		c. CITY OR TOWN (If or	itside corpo	prote limits, write R	URAL ond	give nec	rest town)
				Lyr5mthlld	lys	Baltimore		3	VAI	-4	IC DEC	IDENICE
	OR INSTITUTION SPRING G	AL (If not in haspital, gi ROVE STATE		PIT AL		d. STREET ADDRESS	llieu	Avenue				FARM?
-	NAME OF DECEASED (Type or print)	Firs Ch	arles	Middle Frede	erick	Lost	4. DATE OF DEATH	Mon	th	3	,	Year 1961.
S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 8	DATE OF BIRTH	25	9. AGE (In years lost birthdoy)	IF UNDE	Doys	IF UNDE	ER 24 HRS. Min.
100.	mal e	N (Give kind of work d	lone 10b. KIN			Sept. 11,19		ountry)	12.CI1	IZEN OF	WHATC	OUNTRY?
	saleman	ing`life, even if retired) N			20.3		ylvai	nia	Ţ	J. S	. A.	
13.	Charle	e For				Margaret		naw				
	WAS DECEASED EVER	R IN U. S. ARMED FORG	ervice)	CIAL SECURITY NO.	-	ormant cords: SPRII		Addi		HOSP	ITAL	
	18. CAUSE OF DEA	TH [Enter anly one cou									ERVAL BE	
	420,	DUE TO		gestive He							2 day	78
	gove rise to in	mmediate (DUE TO		ectosciero) ILLE	Coronary Occ	usion		48			
	lying cause lost.) (c)										AUTOPSY
CATION	lying cause lost.			NTRIBUTING TO DEA	TH BUT N	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	RMED?
MEDICAL CERTIFICATION	PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING	ER SIGNIFICANT CON	20b. DE SCRI			NOT RELATED TO THE TERMI			'EN IN PA	RT 1(o) 1	PERFO	RMED?

22b. DATE SIGNED GROVE STAE HOSPITAL

(State)

23a. BURIAL, CREMATION, 236 DATE THEREOF

22a. SIGNATURE

22c. PHYSICIAN'S

NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

S

saw the deceased alive an January 3019 61, and that death accurred at 5.3%, from the causes and an the date stated above.

M.D.

ATTENDING PHYS.

22d. ADDRESS

2So. REC'D BY REGISTRAR

STAFF

PHYS.

Catons ville 28, Mary land

MED PM

SPRING

25b. REGISTRAR'S SIGNATURE

HE AND RESTAURT LANGUE BY ANY GRADE BEFORE The state of the s CONTRACTOR OF THE PROPERTY OF

VR A15 (4) 1SM 9/59

		ARTMENT OF HEALTH
DIVISION C	F STATISTICAL RESEARCH AND R	RECORDS — BALTIMORE 1, MARYLAND
233	CERTIFICATE	RECORDS — BALTIMORE 1, MARYLAND OF DEATH

1. PLACE OF DEATH a. COUNTY	Baltimore		MARYL		o. STATE Maryl	140	d lived. If instituti b. COUNTY	-	nce befor		ion)
b. CITY OR TOWN (I RURAL ond give no	If outside corporate limi earest town) Ruxton 4	ts, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (III		orate limits, write R	URAL ond	give nea	rest towr	1)
d. NAME OF HOSPIT OR INSTITUTION	7704 Ride	r Hi	oddress) 11 Road		d. STREET ADDRESS	Rider	Hill Ros	ad.			FARM?
3. NAME OF DECEASED (Type or print)	Fir		Middle		Last	4. DATE OF DEATH	Mor		Day		Year
S. SEX		lene	Leite		FitzSimon DATE OF BIRTH	S	9. AGE (In years	-	3C		19 61
Female	white	WIDOWE	DIVORCED		eb. 10. 18	92	lost birthdoy) 68 yrs.	Months	Doys	Haurs	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR					I2.CIT	IZEN OF	WHATC	OUNTRY
Housew:	king life, even if retired さ fo)			Kent	nelev			U.S	S. A.	
13. FATHER'S NAME	the day No.				14. MOTHER'S MAIDEN						
Wm.	Henry Lei	ter			Susan W.	Black	lock				
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		social security no.	17. INFO	RMANT eiter Fitz	Simons	Add 7704 Rj		Hill	L Ro	ad
	m mediote) C	e for (o), (b), and (c).] overland of A there s	cle	usion, ac	ute			INTE	5 m	DEATH
PART II. OTI			CRIBE HOW INJURY OC			(F)		VEN IN PAR	RT 1(o) 1	PERFO	AUTOPSY ORMED?
OR CONTRIBUTING	CAUSE OF DEATH		THE HOT HOUR OF	CORRED.	Enter horote or injury .						
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Ye	While	NJURY OCCURRED Nat while at work		OF INJURY (Home, fo y, street, office bldg., e		y or tawn)	(1	County)		(Stote
			led the deceased f		attending _	- 4	STAFF			stated	
22c. PHYSICIAN'S NAME (Type)	Robert E.	Maso			22d. ADDRESS		Street,	Balt	imor	re 2	, Md
23a. BURIAL, CREMATIC REMOVAL (Specify) Entombment	2-2-61	OF .	Green Mou		ausoleum	F	ATION (City, town,			(Stol	'e)
24. FUNERAL DIRECTOR		1050	ADDRESS O York Roa	d, Zo:		JAN 3	1 '61 25b. REG	Chilung	- 1		

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	nometa de arentret Pi	ta (Automotive English)	
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		the second secon	

FOR STATES
HEALTH DEPT day is necessary, al director. Page TO DE?

I MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any very is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the all director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Harita, or its designated agent, prior to burial, gemation, or removal, and in any event within 2 hours after death VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH	
Division of STATESTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0.0235

	J GENERAL OF BEATT	60205
1. PLACE OF DEATH Baltimore County	2. USUAL RESIDENCE (Whare dacassed livad, If institution: R	esidence bafore admission)
Sparrows Point / MARYLAND	a. STATE Maryland b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 18		giva nearest town)
write RURAL and giva naarest town)	Baltimore 3 V	01-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
Bethlehem Steel Co. Dispensary	2851 W. Mulberry St.	ON A FARM?
3. NAME OF First Middle	Lasi 4. DATE Month	Day Yaar
DECEASED (Type or print)	OF DEATH	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Floyd January 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	9 1961 YEAR IF UNDER 24 HRS.
	last birthday) Months	Days Hours Min.
Male Negro WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	Oct. 8, 1907 53 yrs. STRY 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
dona during most of working life, even if retired)		
Laborer Bethlehem Ste		.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Daniel Floyd	Nettie Gross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) ((Ifyesgivewarordetasofservica)	. INFORMANT Address	
	Mrs. Alice Floyd Same	
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary due to	o Hypertensive Cardio-Vascular	ONSE! AND DEATH
4-20 1 DUE TO	Disease.	
Conditions, if any, which (b)		
gave risa to immadiata causa		
(a), stating the underlying cause last.		100000
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
9		PERFORMED?
208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	. (Enter nature of Injury in Part I or Part II of item 18.)	1122 11 110 12
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I		
	PLACE OF INJURY (Homa, farm, 20f. (City or town) (Court	nty) (Steta)
Hour a.m. While Not While	actory, streat, office bldg., atc.)	117/ (31018)
21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection , Inquiry ,	and in my opinion
death resulted from: Natural causes x, Accident . Su	uicide, Homicide, Undetermined manner	
1/20/3-	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER	11
NAME (Typa)	Addrass (Street, city, town, or county)	16/
220. BURIAL, CREMATION, 1221. BAR THEREOD 2V 1 22. HAME OF CEMETERY REMOVAL (Spacify)	OR CREMATORY 22d. LOCATION (City, town or country)	/ (Stata)
Jan. 14,1961 Aubutus M	em. Park Arbutus, Md.	
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	GNATURE
Arlington S. Phillips 1808 N. Mc	onroe Stratum 11 '61 Cally 8	4
Baltimore		Challet

WHEN TO SAME OF THE OWN PARTY HAS A PERTURNIC ROCKS THE PROPERTY FOR Purposition of higher Develorment - their secretary at MALE OF THE SECOND CONTRACT OF S The track of the contract of t The many of the systematic field of cytometer and the field of the The state of the s

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d within 24 hours after	rs. Pages 1 and 2 should hours after death	イジント
the death certificate be execute	then please remove carbon pape val, and in any event, within 72	
TO HO. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death, the 4 may be retained by the hospital or attending physician. From Holling the second of the control of the c	director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	0
2 P Q VR A 15M	号名 15 (4) 9/60	S. C.

MARYLAND	STATE	DEPARTMENT	OF	HEALTI	i

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00236

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
o. COUNTY Baltimore MARYLAND	a. STATE Md. b. COUNTY	Balto.
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and Parkville	
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
2900 Vakcrest Ave.	2900 Vak rest Ave.	YES NO
3. NAME OF First Middle DECEASED (Type or print)	Lest 4. DATE Month OF DEATH 1 20	Day Year
george s.	Jons 1-30-	19 6 /
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 Y last birthdey) Months December 1 December 2 December 2 December 3 December 3	EAR IF UNDER 24 IRS. ays Hours Min.
male white widowed DIVORCED	6-17-1903 57 yrs.	
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	M 1 1	EN OF WHAT COUNTRY?
sheet metal worker	Maryland 14. MOTHER'S MAIDEN NAME	USI
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
yeorge J. Johs	Mary Ellison	
15. WAS DECEMSED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	
214015918	Grene E. John same	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	1 / 9 / 4	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Checker & b	met John	150
151X DUE TO X / TA	110	
Conditions, if any, which \ (b) Sufarher h	Jugo + / Citys	2110
geve rise to Immediate causa	√	6 9 9
(a), steting the underlying ceusa lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	1(e) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part I or Pert II of item 18.)	
	CE OF INJURY (Home, ferm, ' 20f. (City or town) (Country, street, office bldg., etc.)	ty) (Stete)
21. I certify that (I) (this hospital) attended the deceased from	aly 10, 1960, 10 pm)1, 196	
saw the deceased alive on 1961, and that	death occured at 3/1M, from the causes and on the	e date stated above.
22e. SIGNATURE	ATTENDING MED. STAFF	1/6(22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) TIF W KOOM	22d. ADDRESS	mo
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or ounty)	(Stete)
REMOVAL (Specify) 2/3/6/ Oppging F	Park (em. Baltimore, Md.	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	
Leonard J. Ruck 5305 Harford Rd.	DATE FEB 6 '61 arilus 2.	Totalla

EQ. The State of White was a superior STATE OF SOLDE Later 19/2/2/ Marrary Fand Con Later Constant Hade Constan

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	Baltimore County MARYLAND	o. STATE B. COUNTY BALTIMORE
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland 4 DAYS	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) FORT HOWARD
2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Mt. Wilson State Hospital	d. STREET ADDRESS ON A FARM? YES NO SO
	3. NAME OF DECEASED (Type or print) MICHAEL Middle	FORTUNE 4. DATE Manth Day Year J - 1961
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1 - 9 - 18 95 9. AGE (In years lost birthdoy) yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEL WORKER STEEL MILLS	IRELAND, U.J. C.
1	13. FATHER'S NAME THOMAS FORTUNE	14. MOTHER'S MAIDEN NAME
/		spital Records, Mt. Wilson State Hospital
	Canditians, if any, which gave rise to immediate couse (a), stating the under-	PULMONARY TUBERCULOSIS INTERVAL BETWEEN ONSET AND DEATH
	Iying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (If EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		ED. (Enter noture af injury in Part I or Port II of item 18.)
		ACE OF INJURY (Home, form, 20f. (City ar tawn) (Caunty) (State) ctory, street, affice bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an	death accurred at 20M, from the causes and an the date stated above.
	22c. PHYSICIAN'S	M.D. ATTENDING MED. STAFF PHYS. BIGNED 22d. ADDRESS
	Wm. Newcomer, M.D., Superintendent	Mt. Wilson State Hospital, Mt. Wilson, Md.
	23G. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25d. LOCATION (City, toyn or county) 25d. LOCATION (City, toyn or county) 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
2	Trenet & Menal Piks	S TAN DATE JAN 10'61 Calling & Kines

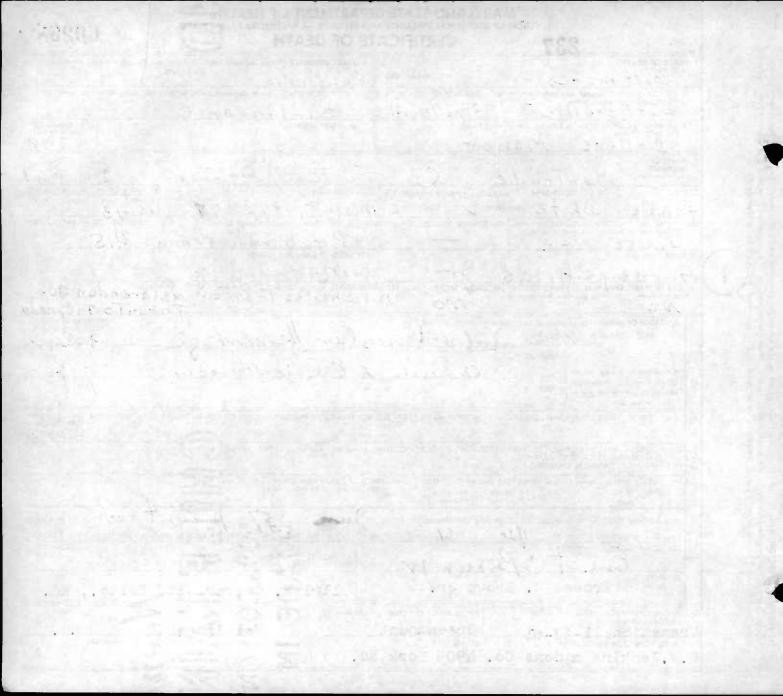
* 1, 6 STANTER A STEER OF THE STANTAGE OF THE STANTAG GREAT FORT HOWARD TODE REPERSE MICHAEL FORTUNE MALE WHITE X 21875 65 STEEL WEREER STEEL MILES IRELAND THOMAS FORTUNE FAR MOVEMETO FREMERY THEE WILL S Make the transfer of the state 0,5:20 %

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

237

	1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND 2. USUAL		If institution: Residence before admission) b. COUNTY
	Luther Uille 342	0. 11.	dr Town (If outside corporate lin	nits, write RURAL and give nearest town) 43X-3
)	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION COLLEGE Manor	d. STRI	EET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Lew Trucke	Middle Fos	lost 4. DATE OF DEATH J	Month Day Year 4 1961
	female white widowed or	DIVORCED Marci	18, 1883. 7	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) House wife	- P	Hsburgh F	enna 4,5
)	Harvey Childs gr	m	Dary 34	7
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	O Mr. Ch	arles Foster	actarendon que
	1B. CAUSE OF DEATH [Enter only one couse per line far (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	(b) and (c))	r Henenka	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO	resliget a	lerio selevos	us yra
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	V INJURY OCCURRED. (Enter not	ure of injury in Part I or Part II of	item 1B.)
	ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OC Hour a. m. 19 While Nat at work at work at work	while factory, street,	JRY (Home, farm, affice bldg., etc.)	vn) (County) (State)
	21. I certify that (I) (this haspital) attended the cases the deceased alive an12.619_0	()	urred at \$7 M, from the	that (I) (we) last causes and an the date stated abave.
	22a. SIGNATURE	M.D. PHYS.	NDING MED. ST.	AFF SIGNED YS.
	NAME (Type) Ernest C. Brown J	[20//		t St. Balto., Md.
	REMOVAL (Specify)	ME OF CEMETERY OR CREMATO		City, town, or caunty) (State)
	24. FUNERAL DIRECTOR'S SIGNATURE ADD	RESS O5 York Rd.	Baltim 250. REC'D BY REGISTRAR DATE AN 2 3 '61	25b. REGISTRAR'S SIGNATURE
			- 1 P. 1 P. 1 P. 1	

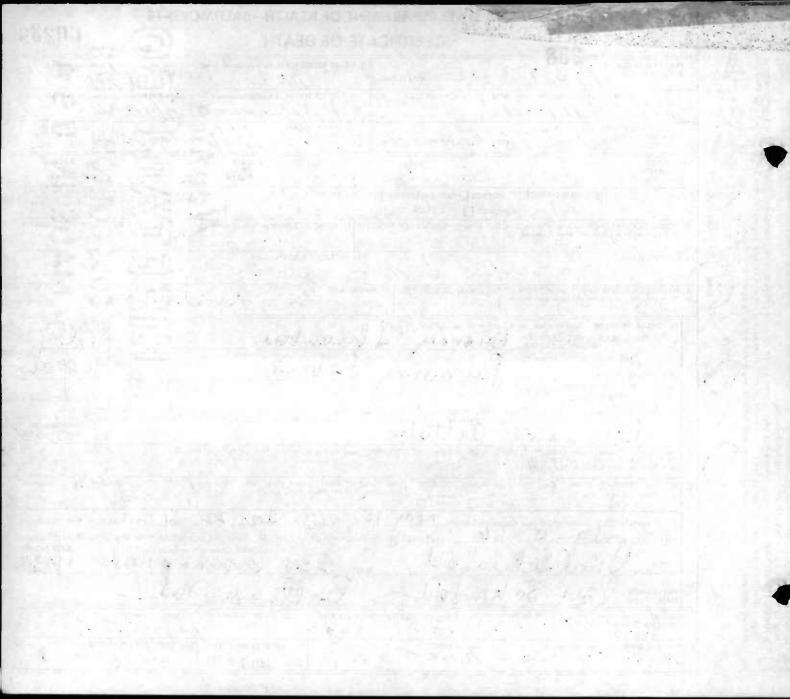


after death

certificate

death

that



delay is necessary, and director. Page and for your files. e Board of Health, tould be executed within 24 hours after death. If a problem is no pencil in Item 18. Give Pages 1, 2, and 3 to the problem 2 office along with form PM3. Page 5 may be retained burial-transit permit. File pages 1 and 2 with the State moval, and in any eventwithin 72 hours after death. This certificate should be executed removal, asse execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's CFUNERAL DIRECTOR: Page 3 should be used as a b cremation, MEDICAL EXAMINER: 0 prior designated agent, should DE 0 ₽40

CERTIFICATION

23. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss b. COUNTY Baltimore a. COUNTY Maryland Baltimore MARVIAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town) hr. Fort Howard Sparrows Point d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Ave. HOW and I NO DAX Beth. Steel Co. - Shipvard Dispensary 3. NAME OF DECEASED OF Sr DEATH (Type or print) Bernard Fravel 1967 Jan. 5. SEX 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR) 7. MARRIED NEVER MARRIED 52 yrs. Months Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Beth. Steel Co. West Virginia Shipbuilding U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Bloom William Fravel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyasgivewarordatesofservice) Yes, Army 1926-35 213-07-1860 Mrs. Sarah Fravel same as 2 D. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary Artery Heart Disease DUE TO Conditions, if any, which geva rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) Not While Hour a.m. While at work at work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Melvin B. Davis, M.D. NAME (Type) Addrass (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) Burial 1-30-1961 Bel Air Memorial Maryland

24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE

Orthon & Know

DATUAN 3 0 '61

ADDRESS

JOHN J. DUDA 7922 Wise Ave. 22. Md.

VS. A15ME 5M 7/59

CHAPTER TO STREET BY THE PROPERTY OF THE PROPE THE STATE STATE OF THE STATE CAYS OF DEATH Chike Master C. A. Laster A COLUMN TO THE PROPERTY OF THE PARTY OF THE T9/15/1

RYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND OF DEATH -26-61 et 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY MARYLAND ALTIMORE c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if nor in hospitel, give street address) a. IS RESIDENCE ed ON A FARM? WELL YES NO NAME OF DATE complet DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. carbon 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH. last birthday) and Hours WIDOWED X physician USUAL OCCUPATION (Give kind of work remove 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) mons zonsewil. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding pue affend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unkown) | (If yes give we ror detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION 2 da IMMEDIATE CAUSE (e) DUE TO Arterio Scheoke herel desease Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY certificate old we touchow aprel 60 NO . 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stata) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 6 april 1960, to 15 Dec., 1960, that (I) (we) last 22b. DATE 22a. SIGNATURE ATTENDING SIGNED MED. PHYS. DIRECTOR M.D. director, page be filed with th FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY EMOVAL (Specify) OI 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

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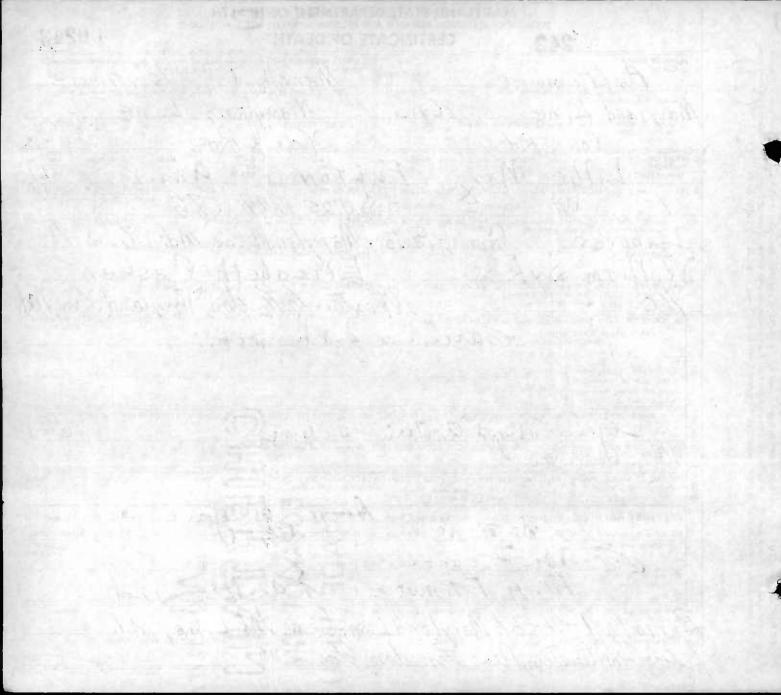
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 242

- PS					
1. PLACE OF DEATH o. COUNTY		MARYLAND 2	USUAL RESIDENCE (Where	deceased lived. If institution. b. COUNTY	Residence before admission)
b. CITY OR TOWN (If autside car	porate limits, write c. LENGT	TH OF STAY IN 16	c CITY OR TOWN (If outside	e carporate limits, write RURA	L ond give nearest town)
RURAL and give negrest tolvn)	na	Thyre	MYNY	land 1:	MA
d. NAME OF HOSPITAL (If not in OR INSTITUTION	hospital, give street oddress)	0/13.	d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION	k Rd.		Vork	Rd	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle Fu	L TON 4.	DATE Month OF DEATH	Day Year 1961
S. SEX 6. COLOR		VER MARRIED DIVORCED	DATE OF BIRTH	lostrouthday) Me	UNDER 1 YEAR IF UNDER 24 HRS.
10- USUAL OSSUBATION (SI- LI-	WIDOWED		p1.23,101	7 18 61.	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kindering most of working life, ever	if retired)	Factors	M T MAIL THE	ina Md	12. CHILDEN OF WHAT COUNTRY?
13. FATHER'S NAME	annit	19 19 CLOLX	14. MOTHER'S MAIDEN NAME	THE MICH	U. J. 11.
17/// 17/	Village	,	F): 6	ath Ca	olini.
15. WAS, DECEASED EVER IN U. S. A	RMED FORCES? 16. SOCIAL SE	CURITY NO. 12 INFO	PMANT 1	Address	SKEY
(Yes, no. (phknown) (If yes, give war	or dates of service)		to 17	01	On of Finally
		the	MON SIN	exnon, priary	ama x m /14
PART 1. DEATH WAS CA		(b), and (c).]	7 +1		ONSET AND DEATH
IMMEDIATE	CAUSE (o)	Cenona	& May	Chin	
154X	DUE TO	(
Conditions, if any, which	(b)				
gave rise to immediate cause (o), stating the <u>under-</u>	DUE TO				
lying cause lost.	(c)				
PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 Ven	eralized 4	relevu -	Idens	No.	YES NO
PART II. OTHER SIGNIFIC 200. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE ((IF EITHER, NOTIRY MEDICAL EX	NG DEATH (AMINER) 206. 9ESCRIBE HOW	V INJURY OCCURRED. (Enter noture of injury in Port	l ar Port II af item 1B.)	
20c. TIME OF INJURY Month,	Day, Year 20d. INJURY OCC	CURRED 20e. PLACE	OF INJURY (Home, form, 2	Of. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Haur a. m. p. m.	19 While Nat v	white	y, street, affice bldg., etc.)		
21. I certify that (1) (this	hospital battended the	deceased from	Vices, 15 , 1960	to four	196 / that (1) (we) last
saw the deceased alive	1 (21 - 1/2	The state of the s	th occurred at		on the date stated above.
22a. SIGNATURE	/	Z dild mar dec	The occurred diversity	Trail the causes and c	22b. DATE
1111	mitra	ure M.C	ATTENDING MED.	OR PHYS.	SIGNED
22c. PHYSICIAN'S	0		22d. ADDRESS	0 1	1
NAME (Type)	T. H. 1-8	17VCE	1 1 2	steton)	nel
230 BURIAL, CREMATION, 23b, DA	TE THEREOF 23c NA	ME OF CEMETERY OR	REMATORY 23d	LOCATION (City fawn, or co	aunty) (Stote)
Durial 1-	4-6/ Mar	ylandli	ne em. //	d. Line.	Md.
24 FUNERAL DIRECTOR'S SIGNATUR	E Y N ADA	RESS	2Sa. REC'D BY	-	AR'S SIGNATURE
Jacob Harlen	Very, 12ew 2	treedom.	Ja, DATE JAN	5 '61 Oatl	un S. Kraus
711		-			



VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
243	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

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Reg.	Dist.	No.	60	6	T	4

					vea. nis	1. 140. O O N A 3
o. COUNTY	Randallstown	antar MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If	OLINITY	ce before admission)
	Baltimore Con		1		Bal	
B. CITY OR TOWN (If ou RURAL and give neare Randa	tside corporote limits, write st town) 11stown	3yrs	c. CITY OR TOWN (IF	outside corporate limits,	, write RURAL ond g	ive nearest town)
d. NAME OF HOSPITAL	If not in hospital, give stree		d. STREET ADDRESS			e. IS RESIDENCE
OR INSTITUTION			2823 Kilbu	ırn Road		ON A FARM? YES NO E
3. NAME OF DECEASED (Type or print)	NELLIE NELLIE	GRANT	GAGE	4. DATE OF DEATH	Month Jan.	28, 19 61.
5. SEX Female 6.	Talland de a	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (I	n years thdoy) yrs.	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (during most of working Housewill	Give kind of wark dane 10/ life, even if retired)	b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stone Logan,			ZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Net	wton Sletzer		Debora	ah Nixon		
15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 1.	S. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
Unknown	in great of date of levice,		Mrs. May Scar	rlett 2823	Kilburn !	Road, Balto. Md
	[Enter only one cause per WAS CAUSED BY:	line far (a), (b), and (c).]	1 1	1		INTERVAL BETWEEN
IM.	MEDIATE CAUSE (6)	Mugor	rdial in	Januan		1 day
420.0	DUE TO	-1	1	1 10		- /
Conditions, if ony,		Cirlin	selection 1	earthes	lase	Syra
gave rise to imme cause (o), stoting the	ediate (Due TO					
lying cause lost.	(c)					
CATIC	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	IINAL DISEASE CONDIT	ION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO A
20g. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	NDERLYING [] 205. DE CAUSE OF DEATH DICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature af injury in	Part I or Part II of item	. 18.)	
3 20c. TIME OF INJURY	Month, Day, Year 20d.	INJURY OCCURRED 20e. P	ACE OF INJURY (Home, for	m, 20f. (City or town)	IC.	ounty) (State)
20c. TIME OF INJURY HOUR a. m. p. m.	19 While of we		ictory, street, office bldg., et	c.)		
21. I certify that	I attended the deced	sed from 3-24.	19/0, to	1-38	19/ / that I li	ast saw the deceased
olive on	1-27 10		occurred at 8 +3			e date stated above
) 1	D D	. Occorred di.g	ADDRESS (Street, city of		DATE SIGNED
ACTUAL SIGNATURE	Marly (ochin my	M.D. 7300	Liberty	Rd	1-29-61
PHYSICIAN'S B.	STANLEY CO	HEN, MY	65	alto 1	md	
220. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City	, tawn, ar county)	(State)
REMOVAL (Specify) Burial	1/31/61	Fort Lincol	in	Prince G	eorges, M	aryland
23. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	OA- BEC	,	b. REGISTRAR'S SIG	
Selbuh Colla	week 2525	Bladensburg Rd	N. E. PATE	FEB 1 '61	Contain	

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MAKTLAND STATE DEF AND RESTON STREET, BALTIMORE 1, MARYLAND, 10245 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Baltimore by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) P write RURAL end give neerest town) .57 Catonsville Catonsville led d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Bardswell Rea d Bardswell YES NO K 3. NAME OF Middle complet DECEASED OF (Type or print) DEATH withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH and last birthdey) Months Hours WIDOWEDT physician гетоме 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Home Italv any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .= attending pué eter Unknown Gregonio WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) removal 908 Bardswell the 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). INTERVAL BETWEEN þ ONSET AND DEATH ig physicial signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Fin C-U Disease DUE TO attending Conditions, if eny, which been geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY certificate PERFORMED? Se 0 NO 7 use prior 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH the detached for After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (Stete) Month, Dey, Yeer Not While fectory, street, office bldg., etc.) While Hour e.m. et work et work n.m DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from. pinous saw the deceased alive on... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF (Stete) REMOVAL (Specify) TO P d New Cathedral Baltimore 29.Md 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATHAN 2 4 '61 Collus & House 15M 9/60

within

executed

MARYLAND STATE DEPARTMENT OF HEALTH

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requires that the death certificate be executed within 24 hours after death. Page 4

may be received by the hospital or attending physician.

D FUNERA DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs ofter death.

ATTENDING PHYSICIAN: The law

TO HOSPITAL may be r

VS A15 (4) 15M 10/57

245

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

PROAG

	MIU						Reg. Dist. N	10. U U K	() 天门
1. PLACE OF DEATH o. COUNTY	Baltimo re	MARY		o. STATE Mary		If institution COUNTY	Residence be Baltin		sion)
b. CITY OR TOWN	(If outside corporate limit			c. CITY OR TOWN (If or	utside corporate lim	its, write RUI	RAL and give n	earest town	n)
Cato	nsville	3yr8mth12d	ys	X Dundalk,	Marylan	d			
OR INSTITUTIO	GROVE STATE	ive street oddress) HOSPITAL		d. STREET ADDRESS 7605 Riddle	Avenue				FARM?
3. NAME OF DECEASED (Type or print)	Firs Magg	Middle gie (Margaret)	Ge	rber	4. DATE OF DEATH	Month Januar			Yeor 19 61
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIE	ED 8.	DATE OF BIRTH	9. AGI		FUNDER 1 YEA		ER 24 HR
female	white	WIDOWED TO DIVORCE		Oct. 1, 1884	76	yrs.	Months Doys	Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work d	lone 10b. KIND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLACE (State of	or foreign country)		12. CITIZEN	OF WHAT	COUNT
hou	rorking life, even if retired) Sewi. 10	NONE		Mary lar	nd		U. S.	. A.	
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME				
) John	n Clusman			Mary Root					
15. WAS DECEASED (Yes, no. or unknown)	VER IN U. S. ARMED FORCE	CES? 16. SOCIAL SECURITY NO	. 17. INFO	DRMANT		Addres	is		
no	(it yes, give wor or odies of ter	unknown	Rec	ords: SPRIN	G GROVE	STAT	E HOSE	TTAL	
Conditions, if gove rise to couse (o), stotillying couse to	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e), DUE TO fony, which immediate ong the under: OTHER SIGNIFICANT COND	Arteriosclero	otic o	OT RELATED TO THE TERMIN	NAL DISEASE CONE	DITION GIVER	OF	PERFO	DEATH
OR CONTRIBUTION (IF EITHER, NOTI	1. 10	r 20d. INJURY OCCURRED While Not while of work of work	20e. PLACI foctor	E OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City or tow	n)	(County	r)	(Stote
21. I certify alive an	that I attended the Jan. 26	, 19 61 , and that	death a	ccurred at 6:30	26 2M, fram the	causes an	d an the d	ate state	deceas ed abo
ACTUAL SIGNATURE	ION, 22b. DATE THEREOF	chsler, M. D. F 22c. NAME OF CEMI	M.C	Catonsvil		ary lan		(Stote	7-61

		STATE OF THE PARTY
ITAC MO		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A15 (4) Hartord Koad DATE JAN 3 1 15M 9/5B

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

(State)

Days

(County)

Mari

arthur S. Kraus

Manths

e. IS RESIDENCE

ON A FARM?

YES NO DEX

PITOLOGICAL STATE Continue Intelligence of the court of the second grant and the transfer of the forest and the second of the country of the second of the country of the cou erase " . I were filled the face for the fill of the fill and the fill agence

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled

by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 the funeral director, 2 should be filed with M

24b. REGISTRAR'S SIGNATURE

arthur S. Krack

240. REC'D BY REGISTRAR

DATEJAN 2 0 '61

	6	()	2	4	2
No	-	0	-	-	0

		247	15	CERTIF	ICA	ATE OF DEATH	1		Reg. D	ist. No.	662	48
1.	PLACE OF DEATH	imore		MARYLA	MD	2. USUAL RESIDENCE (Who o. STATE Md.	ere decease	d lived. If instituti b. COUNTY		nce befor		on)
	b. CITY OR TOWN (IF RURAL and give ne Reistersto	outside corporate limi arest town) WN	ls, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF o		prote limits, write R	URAL ond	give nec	irest town	
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS Cherry Hill	Lane					DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Fir Lally e	s†	Middle Wallop)	Girdwood	4. DATE OF DEATH	Mor Jan	-	196	1	'eor
	sex Female	6. COLOR OR RACE White	WIDOWE	total .		8. DATE OF BIRTH Aug. 12, 1871		9. AGE (In years last birthday) yrs.	Months Honder	Doys	Hours	R 24 HRS. Min.
10	during most of worki Housewife	ing life, even if refired	done 10b.	KIND OF BUSINESS OR	INDU:	STRY 11. BIRTHPLACE (Stole Virg.		ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
13.	FATHER'S NAME Will	iam H. Wal	lop			14. MOTHER'S MAIDEN N Sarah			41			
15. (Y	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give wor or dates of si	CES? 16.	None		rs. Winslow H	. Parl	ker Rei	ster	stown	a, Mo	ã.
		IH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which the mediate	P	reupnous thritis	N	with l	- De	evere		INTE	REVAL BET ET AND 2 de Mea	WEEN DEATH
CERTIFICATION	260. ACCIDENT WAS					NOT RELATED TO THE TERMII			EN IN PA	RT 1(o) 1	PERFOR	SWEDS
MEDICAL CE	20c. TIME OF INJURY Hour o. m. p. m.		r 20d. IN While of work	_ Not while _	De. PL/ fac	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	, 20f. (City	or town)	(County)		(State)
	21. I certify the	at I attended the vary it	decease , 19 G		eath			n the causes of treet, pity or flown,	ind an t		e state	
220	BURIAL CREMATION REMOVAL (Specify) Burial	Jan. 21		22c. NAME OF CEMETE		Cemetery		TION (City, town, o			(State)	

page 3 should be detached for use as the burial-transit permit. Then please remove carban papeur-the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO HOSPITAL TO FUNERA VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

F. Eline & Sons

Reisterstown, Md.

MIARI PORTACE DEATH LAE Early March 19 (19 (19) Service Servi AND MARKET THE PROPERTY OF THE daoo a haman ellion and the same of nico atanta colo and the factor of the state of The Court of the C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00250CERTIFICATE OF DEATH Rea. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND P.O b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FURAL and give negrest town P Landallatown Mears d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO. 3. NAME OF Middle 4. DATE DECEASED Helen 106 (Type or print) DEATH Page 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of warking life, even if retired) 13. FATHER'S NAME Indran atherine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 220 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO artinoschwis Conditions, if any, which gove rise la immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? Reer, variose YES NO DE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of ilem 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased from 21 may 1998, to 9 Jan 1961, that I last saw the deceased and that death accurred at 10 A M, from the causes and on the date stated above. alive on weller ADDRESS (Street, city or town, state) DATE SIGNED Reclications bood herville 8, ml 220. BURIAL, CREMATION, 22b. DATE THEREOI 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D 8Y REGISTRAR arthur & Thous 15M 10/57

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MA	RYLAND	STATE	DEPART	MENT	OF HEA	ALTH
250 ISION OF	STATISTICAL	RESEARCH	AND RECO	RDS — B	ALTIMORE '	I, MARYLAND
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10		0 400		CERTIFIC	CATE	OF D	EATH					CO	951
	COUNTY	Delligrove 21 Stris	rodal	e amaria		usual Rest a. STATE Mary]		ere deceased	d lived. If instituti b. COUNTY		nce befo	re admiss	ion)
	RURAL and give ne		Syrite c. LEI	NGTH OF STAY IN	16	c. CITY OR			rate limits, write R	RURAL and	give nec	prest town	1)
	d. NAME OF HOSPIT	AL (If not in hospital, given pringdale A)		d. STREET A	DDRESS		Avenue				IDENCE FARM?
	NAME OF DECEASED Type or print)	First John		Middle	6	lo: forman		4. DATE OF DEATH	Mor		Da	'	Year
5. 9	male.	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	8. 0	c. 11.	н 1896		9. AGE (In years last birthday) 64 yrs.	IF UNDE Months	Doys		R 24 HRS. Min.
10a	during most of work	ON (Give kind of work ding life, even if retired)		Govit.		lii. Birthei Vashing		or foreign co	ountry)	12. CI1	IZEN OF	WHAT	OUNTRY?
13.	FATHER'S NAME	0			1	4. MOTHER'S	MAIDEN	IAME					
	WAS DECEASED EVE	Gorman R IN U. S. ARMED FORCE		L SECURITY NO.	17. INFO	Anna RMANT	?		Add	lress			
(Yes	Yes	(It yes, give war or dates of ser	Non-	e	Mrs	Lorn		Gorman	Sar	ne			
		mmediate (DUS TO	car	o), (b), and (c).]	a	St	omo	ch	Csope	hozu		ERVAL BE	
CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING		BUTING TO DEATH						VEN IN PA	RT 1(a) 1	9. WAS PERFO YES	RMED?
	OR CONTRIBUTING	CAUSE OF DEATH											
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Doy, Year 19		lot while		OF INJURY (y, street, office			or town)		(County)		(Stote)
		t (1) (this hospital) ed olive on far refin 7 ph N. Zierl	231	(1		ATTENDIN PHYS. 22d. ADDR	d at 8 a.		the couses or		e dote	stoted	obove. b. DATE SIGNED
23a	BURIAL, CREMATIO REMOVAL (Specify)	- 1- 1 11-		NAME OF CEMETE				23d. LOCAT	TION (City, town,	or county)	1	(Stat	e)
24.	Burial FUNERAL DIRECTOR TO Jick	11616/61 s signature Men/ r Son		altimore Address	Mati	onal	25a. REC'I	BY REGIST		Md.		RE	0

F (514-4) a a Wiley and a second and the second s CONTRACTOR OF THE PROPERTY OF and the second of the second o

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No with director 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY filed MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) funeral b. CITY OR TOWN (If outside corporate limits, write pe RURAL and give netrest town? should e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in-hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION YES NO 0 NAME OF Middle DATE Day Year First Month DECEASED 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost-birthdoy) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Doys Hours WIDOWED D DIVORCED | YES. 12. CITIZEN OF WHAT COUNTRY? 10o. USUAL OCCUPATION (Give kind of work done 10b_KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME all haurs Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2 attending ATERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** casse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, 20f, (City or lown) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work p. m 196 that I last saw the deceased 21. I certify that I ottended the deceased from_ and that death occurred at 3 2012 M, from the causes and on the date stated above. olive on V OR DATE SIGNED ADDRESS (Street, city or lown, state) ACTUAL PHYSICIAN'S NAME (Type) FUNE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) =[Stote] REMOVAL (Specify) he

ADDRESS

Cillitt

24b. REGISTRAR'S SIGNATURE

Orthun S. Frank

24a. REC'D BY REGISTRAR

DATE JAN 2 3 '61

12 A 12 (4) 12

PETERAL DIRECTOR'S SIGNATURE

death.

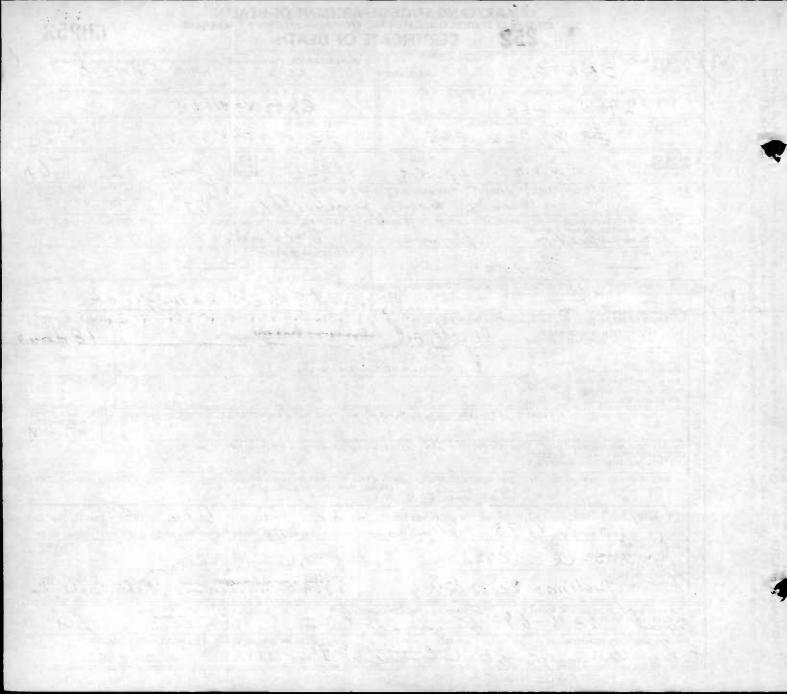
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be to he haspital or otherding physician.

TO FUNERAR OR DIRECTOR: After this certificate has been signed by the otherding physician and completely filled the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board at Health prior to buriol, cremation, ar remayol, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

252	CERTIFICA	ATE OF DEATH			00253
a. COUNTY BALTO	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived. If ins		before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CATONSVILLE	c. LENGTH OF STAY IN 16		outside corporate limits, was NS WILL		e nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 33 MAPLE	- 1/-	33 M	APLE 1) VE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) PNN	LAURA	HALL	4. DATE OF DEATH	Month (Day Yeor
6. COLOR OR RACE 7. MARR	\	June, 188	9. AGE (In) last birtho		YEAR IF UNDER 24 HR Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. during most of warking lifer even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	ar fareign country)	12. CITIZE	EN OF WHAT COUNTRY
3. FATHER'S NAME FRANCE		14. MOTHER'S MAIDEN N	AME		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	INFORMANT 4 Edward F. H	rel- 33,	Address nufle	are.
PART I. DEATH Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse last. (c)	Cerebral	hemorha	ys .		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS		UT NOT RELATED TO THE TERMI		mark.	19. WAS AUTOPS' PERFORMED? YES NO
	Not while	PLACE OF INJURY (Home, farm foctory, street, office bldg., etc.	, 20f. (City or town)	(Co	ounty) (Stat
21. I certify that (I) (this haspital) attend saw the deceased alive an		death accurred at 0 f.			, that (I) (we) las
22a. SGNATURE Luch	iha	70 . 005	ED. STAFF	2.12 311 1110	22b. DATE SIGNE
PHYSICIAN'S NAME (Type) Justinas Ku	PIRKA	22d. ADDRESS 1709 Ea	monson av	e, Cichos	will he
230. BURIAL, CREMATION, 23b. DATE THEREOF PERMOVAL (Specify)	23c. NAME OF CEMETERY	OR GREMATORY	23d. LOCATION (City, to	own, or county)	(Stote)
Tayley Coronaugh 7	H. Cetarson	121211	AN 1 9 '61	REGISTRAR'S SIGN	10

VR A1S (4) 1SM 9/S9



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be need by the hospital ar attending physician.

TO FUNERAY DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to buriol, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00254

_	100	1/			
1.	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Maryl	ere deceased lived. If institution and b. COUNTY	n: Residence before admission)
	b. CITY OR TOWN (If outside carporate limits, RURAL and give nearest town)		D-744	utside carporate limits, write RU	RAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		Nursing Home	831 N	. Howard St.	YES NO
3.	DECEASED	Florence Middle Hars-Phoebe-Florence	ammake'r"	4. DATE Month OF DEATH Jan	uary 22 1961
S.		MARRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
	female wh	IDOWED DIVORCED	Jan. 19, 18	385 76 yrs.	Months Days Hours Min.
100	o. USUAL OCCUPATION (Give kind of work dor during most of working life, even if setired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of N.Y.	r foreign country)	12. CITIZEN OF WHAT COUNTRY U.S.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	George Rhinehar		Mattie B	Morton	
	. WAS DECEASED EVER IN U. S. ARMED FORCE (If yes, give war or dates of servi	16. SOCIAL SECURITY NO. 17. II		(son)1249 I	
CATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS	Concer 2	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CERTIFI	20g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW HURY OCCURRE	D. (Enter nature of injury in Pa	art I or Part II of item 18.)	from YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p. m. 19	20d. INJURY OCCURRED While Not while at work at work	ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.)	20f. (City or town)	(County) (State
	21. I certify that (I) (this haspital) saw the deceased alive an	ttended the deceased fram.	W- 5		d on the date stated above
	220. SIGNATURE	ucy 1.		D. STAFF RECTOR PHYS.	22b. DATE SIGNE 1/2 3/6 /
	22c. PHYSICIAN'S NAME (Type) CLIFF	RATLIFF JR	22d. ADDRESS 4605	EDMONDSC	SVA NO
23	BUNTAL (Specify) 23b. DATE THEREOF 1-25-61	23c. NAME OF CEMETERY C Woodlawn Ce		Woodland, M	
	FUNERAL DIRECTOR'S SIGNATURE Wm. Cook, Inc., 1217 S	t.Paul Street		BY REGISTRAR 2Sb. REGIST	TRAR'S SIGNATURE

Bondit. Bungs | BELLY 1000 Carata Allanda San Carata San 1885 - No. estyres on Boos and the second of the second Domington Comman Carried Sales (month agents agents agents) Through the time the think the same if it have not form the place of the place of the second of the there are always a substantial to the said from the CLEPIC LATTER SHEET SAMENER SAMENERS STATE With Figure 1 page 15 doubt 1 page 15 doubt a of meeting the state of the state of

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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00255

		PLACE OF DEATH COUNTY Baltimore County	MARYLAND	2. USUAL RESIDENCE (Where deceased live or STATE	red. If institution: Residence b. COUNTY	e before admission)
	$\overline{}$	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (If outside corporate BALTIMORE CIT	limits, write RURAL and gi	ve nearest tawn)
2		d. NAME OF HOSPITAL (If not inpospital, give street MCR INSTITUTION State Hospita	address)	d. STREET ADDRESS E. PRA	TIST.	e. IS RESIDENCE ON A FARM YES NO
	1	NAME OF DECEASED (Type or print) SAMUEL	Middle /	4 AMMONDS 4. DATE OF DEATH	JANUARY	Doy Year 15 1961
	5. S	SEX 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH 9. AUG. 16 1902		Days Hours Min.
		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OF INDU	UEST VIRGINI	A LL	EN OF WHAT COUNTRY?
	13.	SAMUEL HAMMOR	105	ANNA WOOT	EN	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. s, no, or unknown) (If yes, give wor or dates of service)	alarm arms	spital Records, Mt.	Wilson State	Hospital
		1B. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmovary	Turepeurosi	s	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the under-	/			/
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
0		20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Part I ar Part II	af item 1B.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. I Hour a. m. 19 While p. m. 19	Nat while fo	LACE OF INJURY (Hame, farm, 20f. (City or actory, street, affice bldg., etc.)	tawn) (Co	ounty) (State)
		21. I certify that (I) (this haspital) attends saw the deceased alive an		DEC 28 , 1960, ta 1 death accurred at M. from th		date stated abave.
1		22c. PHYSICIAN'S		M.D. ATTENDING MED. DIRECTOR D	STAFF PHYS.	22b.DATE SIGNED
1		Wm. Newsmer, M.D., Supe	erintendent	Mt. Wilson State		
	<	BURIAL CREMATION, 23b. DATE THEREOF	or of a an alm	y Board 30	(div. town, or county)	(State)
	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 1 Petes	256. REC'D BY REGISTRA CARELLAN 2 0 '61	25b. REGISTRAR'S SIG	

A Million Comment The same and the same of the s 8136 12 6 But 5 SAMULL FAMORIES PARINTY CATE MAILE & SOUND TO UST 32 Sear Muse With Miss Untimed 24 COAL MILEK NO 24-12-179 Percenter Jugarentes 2 years JAN 15 61 DEC 25 ME 31W 15 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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OFF WEIGHT			
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FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please executed certificate, writing the word "pending" in pending the life. 18. Give Pages 1, 2, and 3 to the fig. at director. Page 4 show be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be rested for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Starb Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event welltin 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 25 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00257 Reg. Dist. No.

\	1. PLACE OF DEATH 6. COUNTY Baltimore MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore						
)	b. CITY OR TOWN If outside corporate limits, write FURAL ond give nearest lawn C. LENGTH OF STAY IN DUNGALK 10 yrs.							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Res., 515 South 48 th Street	515 South 48 th Street on a Fams yes No.						
	3. NAME OF DECEASED (Type or print) EDWIN Je	HARRIS A. DATE OF DEATH January 12, 19 61						
	5. SEX 6. COLOR OR RACE Whate Whate Widows Divorced	June 10, 1878 (S2 yrs. Months Doys Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work dane) during most of working life, exen if refired) Retired Farmer, Snow Hill, M							
)	13. FATHER'S NAME David Harris	14. MOTHER'S MAIDEN NAME Sarah Jones						
	(Ves no ex unknown) I (If we give wer as dates at service)	Dora Mae Harris 515 S. 48 th St. 22, Md						
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause tast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?						
3	CAUSE OF DEATH.	ED. (Enter nature of injury in Part I or Part II of item 18.) PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)						
	Hour o. m. While Nat while of wark at wark							
We.	21. I certify that I took charge of the remains described apinion death resulted from: Natural causes . Accide ACTUAL SIGNATURE . Melvin B. Davis. M.D.							
	220. BURIAL, CREMATION, 22b. DATE THEREOF EMANUEL C	(State)						
	23 EUNERAL DIRECTOR'S SIGNATURE ADDRESS HINMAN FUNERAL HOME, PRINCESS AN	INE, MD e DATE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AND E DATE						

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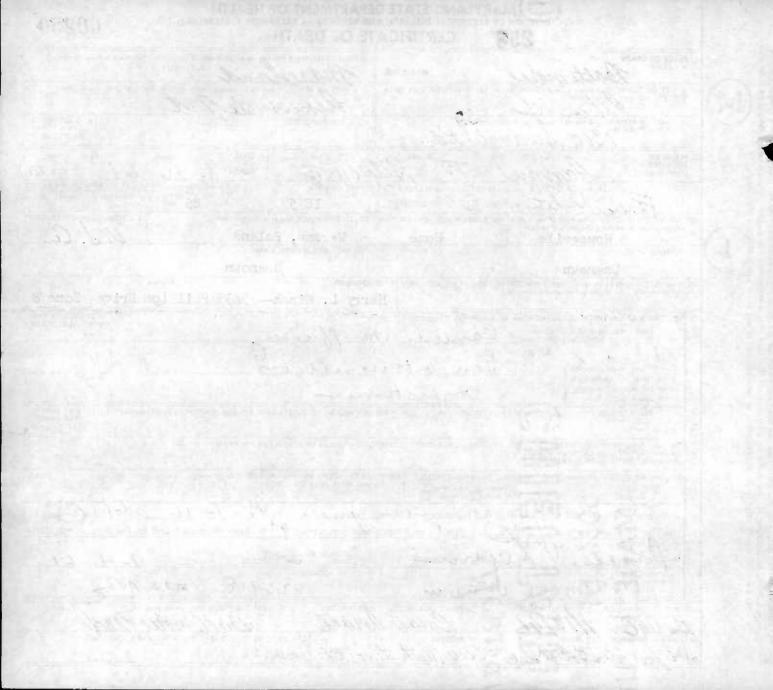
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
258 CERTIFICATE OF DEATH

00259

		PLACE OF DEATH D. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	d lived. If institution: Residence b. COUNTY	e before admission)
)	Ł	c. CITY OR TOWN (If outside corporate limits, write RURAL and give representation)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carpo	prote limits, wrife RURAL and gi	ve nearest town)
	(d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 1300 Sudval	le Rd.	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF SECEASED Type or print) First Fannie	T. Middle Hill	Bowth 4. DATE OF DEATH	1- 10 0	Day Year (19 61)
	5. S	Finale White WIDOWED	DIVORCED	8. DATE OF MATH 1875	85 yrs.	Days Haurs Min.
1		USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) Housewife	Home	Warsaw, Poland	cauntry) 12.CITIZ	en of What Country?
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	15.	Unknown WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S.	SOCIAL SECURITY NO. 17. IN	Unknown	Address	
		, no, or unknown) (If yes, give wor or dotes of service)		arry L. Minch 343		ve Zone 8
		1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).]	mulbiciens		ONSET AND DEATH
		Canditions if any which	en atten	1-1811000		2
	ď	gave rise to immediate couse (a), stoting the under:	Hyperter	nun	HALL T	2
1	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
)	CERTIFIC	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part 1 ar Pa	rt II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. IN. Hour a. m. p. m. 19 Uhile at work	Not while foc	CE OF INJURY (Home, form, tory, street, affice bldg., etc.)	y ar tawn) (Co	ounty) (State)
		21. I certify that (I) (this hospital) attended saw the deceased alive an 1 - 160		//	1-16, 196 the causes and an the	L, tha (1) (we) last date stated abave.
		220. SIGNATURE	3	A.D. PHYS. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED
		22clPHYSICIAN'S NAME (Type) SAMUEL LE	Sum	22d. ADDRESS / 24 / 8	North AV	3
	23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCA	ATION (City, town, or county)	(State)
	24.	PUNERAL DIRECTOR'S SIGNATURE	LOCIO Reistration	250. REC'D BY REGIS DATEJAN 1 8 '6	4	NATURE



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 260 CERTIFICATE OF DEATH

260 CERTIFICAT	TE OF DEATH	00261
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution	n: Residence before edmission)
Baltimore Maryland	o. STATE B. COUNTY C	Palto.
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL	end give neerest town)
Fort Howard 15 Days	X Baltimore 20	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	66 Henderson Road, Baltimo	- Arc T No T
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
(Type or print) SILAS	HORTON DEATH January	17 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	B. DATE OF BIRTH 9. AGE (In yeers IF UNDE	ER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	October 25,1933 27 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & Stete, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Mechanic's Helper Martin (Aircraft	t) Sneedville, Tennessee	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William C. Horton	Dora Fairchild	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	8 Mamrland
Yes Korean 409-52-7822 For	inical Records, VAH, Baltimore l rt Howard Division	to, marytand
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA		ONSET AND DEATH
592X DUE TO CHRONIC GLOMERULO	NEPHRITIS	UNKNOWN
Conditions, if eny, which \ (b) PUIMONARY EDEMA		RECENT
geve rise to immediate cause		
(e), stelling the underlying couse lest.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	ot related to the terminal disease condition given in Pa	ART 1(e) 19. WAS AUTOPSY PERFORMED? YES X NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/		County) (Stete)
	ctory, street, office bldg., etc.)	
	January 2 161 1 January 17	1067 that (M (wa) last
21. I certify that (Ix (this hospital) attended the deceased from saw the deceased alive on January 17 1957, and that	it death occured at P. M, from the causes and o	
22e. SGWAFURE	ATTENDING MED. STAFF	22b. DATE SIGNED
+ 1 The first / Sport	M.D. PHYS. DIRECTOR PHYS.	1/18/61
22c. PHYSICIAN'S	22d. ADDRESS	
R. H. ROBERTSON, JR., M. D.	VAH, Baltimore 18, Md., Fort	Howard Divisio
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or co	unty) (State)
Removal Burial 1-23-61 Ferguson	Sneedville, Va.	CHELL STORY
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR	- 4.
F.C. Higinbothom, Ellicott City, Md	DATEJAN 2 3 '61 arthur	S. Traus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 261

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Baltimore b. CITY OR TOWN (if outside corporate limits, write and present form) Catons Ville d. NAME OF HOSPITAL (if not in hospital, give street address) SPRING GROW STATE HOSPITAL A NAME OF HOSPITAL (if not in hospital, give street address) SPRING GROW STATE HOSPITAL 1912 Harbort Street d. STREET ADDRESS d. STREET ADDRESS PARTILION SPRING GROW STATE HOSPITAL Norther Hunnicutt S. SEX 6. COLOR OR RACE Multiple WIDOWED DIVORCEOS DIVORCEOS DIVORCEOS DIVORCEOS DIVORCEOS 12. FATHER'S NAME Henry Hunnicutt S. WAS DECASEDEVER IN U. S. ARMED FORCES? 13. MAND OF BUSINESS OR INDUSTRY IN 19 INTERPLACE (State or foreign country) LOS LINEAR OF BUSINESS OR INDUSTRY IN 19 INTERPLACE (State or foreign country) LOS LINEAR STATE HOSPITAL 13. MATCHER'S NAME Henry Hunnicutt S. WAS DECASEDEVER IN U. S. ARMED FORCES? 14. MOTHER'S MAIDEN NAME Henry Hunnicutt S. WAS DECASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT LOS LINEAR OF BUSINESS OR INDUSTRY IN 19 INTERPLACE (State or foreign country) LOS LINEAR OF WHAT COUNTRY Virginia 18. CAUSE OF DEATH [Enter only one course per line for (a). (b). and (c).] PARTI. DEATH NAS CAUSED BY: A COLOR IN MAS LAUSED	ſ	1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE	E (Where de			an: Reside	nce befa	re admiss	ion)
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Temale White Whowed Divorces Course for the first was allowed by the wind work done lobe. KIND OF BUSINESS OR INDUSTRY 11. BIRTHACE (Stole or foreign country) 100. USUAD OCCUPATION (fig. even if retired) 110. HATHACE (Stole or foreign country) 111. BIRTHACE (Stole or foreign country) 112. CHIZEN OF WHAT COUNTRY VIrginia 113. FATHER'S NAME 114. MOTHER'S MAIDEN NAME Hanry Humnicutt 115. WAS DECEASE FERE IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT RECORDS: SEPTING GROW STATE HOSPITAL 116. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 117. INFORMANT RECORDS: SEPTING GROW STATE HOSPITAL 118. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. Advanced stage of metastases (pulmonary metastases) 118. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o) IV. WAS AUTOPSY PER OBMEDY YES IN O. W. 119. OR ACCIDENT WAS UNDERLYING. [10] 119. ACCIDENT WAS UNDERLYING. [10] 110. ACCIDENT WAS UNDERLYING. [10] 110. ACCIDENT WAS UNDERLYING. [10] 111. CERTIFY that I attended the deceased from JULY 1 [19] 57, 10. Jan. 25 [10], that I lost saw the deceased alive on Jan. 25 [10]. Not while of work in the fociary, street, effice blog., etc.] 119. ACCIDENT WAS UNDERLYING. [10] 119. ACCIDENT WAS UNDERLYING. [10] 110. ACCIDENT WAS UNDERLYING. [10] 110. ACCIDENT WAS UNDERLYING. [10] 110. ACCIDENT WAS UNDERLYING. [10] 111. CERTIFY that I attended the deceased from JULY 1 [19] 57, 10. Jan. 25 [10], that I lost saw the deceased alive on Jan. 25 [10]. Main in the fociary, street, effice blog., etc.] 110. ACCIDENT WAS UNDERLYING. [10] 111. CERTIFY THAT IN THE COURTED TOWN THE COURTED T	1	S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D B	DATE OF BIRTH		9. AGE	(In years				
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13. FATHER'S NAME		10a. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE ((State ar fare	ign country)		12. CI	TIZEN O	F WHAT	COUNTRY?
13. FATHER'S NAME Henry Hunicutt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (d-1) PART I. DEATH WAS CAUSED BY: Medullary carcinoma of the left breast Oue for conditions, if any, which gove rise to immediate course (a), stoling the under- lying course last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (d) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (d) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (d) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (d) PART II. OTHER SIGNIFICANT CONDITION TO THE ACTUAL TO THE TERMINAL DISEASE CONDITI							V:	irgini	2		II.	S.	Α.	
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15. NAS DECEASED FÜR IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT Records: SPRING GROVE STATE HOSPITAL		Henry	Hunnicutt				Mar	the J.	Brown					
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20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark 20e. PLACE OF INJURY (Home, form, 20f. (City ar tawn) (County) (State) 21. I certify that I attended the deceased from July 1, 19, 57, to Jan. 25, 1901, that I last saw the deceased alive an Jan. 25, 1901, and that death occurred at 7:152.M, from the causes and on the date stated above. ADDRESS (Street, city ar town, state) PHYSICIAN'S PATRICK YIP, M. D. SPRING CROVE STATE HOSE TAL PHYSICIAN'S PATRICK YIP, M. D. Catonsville 28, Maryland 220. BURHAL CREMATION, 226. DATE THEREOF. REMOVALY Specify) 29. DATE SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE														
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MAR 1 3 '61 Circles & Kroun	*	23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	·V	240.	REC'D BY R	EGISTRAR	24b. REGIS	STRAR'S SI	GNATUR	E	
DAIL							DAT	MAR 1	3 '61	Cir	thun S.	than	A	

TO FUNER VS A1S (4) 1SM 10/57

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

252

Reg. Dist. No.

00262

	23 (71)					Keg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Ba	ltimore	MARYLAND	2. USUAL RESIDENCE o. STATE Md •		ved. If institution b. COUNTY		before admission)
b. CITY OR TOWN (I RURAL ond give ne Timoniu	f autside carporote limits, write carest tawn)	c. LENGTH OF STAY IN 16	Timoni	(If autside corporate	e limits, write RU	IRAL and give	e nearest town)
OR INSTITUTION	Al (If not in hospital, give stree Longdale Ro	et address)	d. STREET ADDRES		Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Gertrude	Middle A	Hust	4. DATE OF DEATH	Month Jan.	7	Day Year 19 6]
5. SEX Female	1871 - 2 4 -	ARRIED NEVER MARRIED DIVORCED			AGE (In years		YEAR IF UNDER 24 HRS. Dys Haurs Min.
Saleslady	ring life, even if retired)	ob. KIND OF BUSINESS OR INC Woolworth	De C	tale or foreign coun	try)		S.A.
13. FATHER'S NAME	Y		14. MOTHER'S MAID				
	L. Koch	T		a Rupper			•
	and a series and a series of a series and	16. SOCIAL SECURITY NO. 17. 213-26-1258M		H.Abbot	Addre t 115 I		ale Kd.
Conditions, if a gave rise ta it cause (a), stating lying cause lost.	mmediate (Essential Hypertens	Myocardial Hypertens ive and are sease, with	ion teriosc	leroti	c	Fow mo. Years ock 2 m.
ZOg. ACCIDENT WA	S UNDERLYING [] 20b. D	ESCRIBE HOW INJURY OCCUR				N IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR' Haur a. m. p. m.	Whi		PLACE OF INJURY (Home, factory, street, affice bldg.,	form, 20f. (City or	town)	(Cou	inty) (State)
actual SIGNATURE		Lapira	th accurred at 91.5	ADDRESS (Siree	he causes ar it, city or lawn, st thern	nd on the	date stated above
200. BURIAL, CREMATION REMOVAL (Specify) BUR 181	N, 22b. DATE THEREOF 1-10-1961	St. Mary's	OR CREMATORY Catholic		N (City, town, or Ington	caunty)	(State) D. C.
23. FUNERAL DIRECTOR'S	s signature strong	3 roy Who	muce	REC'D BY REGISTRAL	R 24b. REGIST	TRAR'S SIGN	ATURE

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within 24 hours after

Alled in by the funeral Pages 1 and 2 should TO HOSY AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hounged death. The 4 may be retained by the hospital or attending physician.

You contact the complete and complete all the certificate has been signed by the attending physician and complete alled in by the contact page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affer death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Baltimore Baltimore Baltimore County of Icoward acorporate limits, and a love in bospital, give direct address) Fort Howard A. MARK OF HOSPITAL OR INSTITUTION (if not in bospital, give direct address) Veterans Administration Hospital A. MARK OF HOSPITAL OR INSTITUTION (if not in bospital, give direct address) Veterans Administration Hospital A. MARK OF HOSPITAL OR INSTITUTION (if not in bospital, give direct address) Veterans Administration Hospital A. MARK OF HOSPITAL OR INSTITUTION (if not in bospital, give direct address) Veterans Administration Hospital A. MARK OF HOSPITAL OR INSTITUTION (if not in bospital, give direct address) Veterans Administration Hospital A. MARK OF HOSPITAL OR INSTITUTION (if not in bospital, give direct address) Veterans Administration Hospital A. MARK OF HOSPITAL OR INSTITUTION (if not in bospital, give direct address) Veterans Administration Hospital A. MARK OF HOSPITAL OR INSTITUTION (if not in bospital) B. MARK OF HOSPITAL OR INSTITUTION (if not in bospital) B. MARK OF HOSPITAL OR INSTITUTION (if not in bospital) B. ALTHOROUS MARK (if no bospital) B. COLOR OR RACE, Y. MARRIED MARK (if no bospital) B. COLOR OR RACE (if no bospital)	1	1. PLACE OF DEAT	H			2. USUAL RESIDEN	CE (Where decar			lence befora	admission
Beltimore 15 C. CITY OR TOWN [if poulside components limins, write RURAL and give measered fown) Fort Howard A HAMAGO HOSPITALO RISSITUTION (if not in hospital, give street address) Veterans Administration Hospital 3. NOTE OF First Models A HAMAGO HOSPITALO RISSITUTION (if not in hospital) 3. NOTE OF First Models A HAMAGO HOSPITALO RISSITUTION (if not in hospital) 3. NOTE OF First Models A HAMAGO HOSPITALO RISSITUTION (if not in hospital) 3. NOTE OF First Models A HAMAGO HOSPITALO RISSITUTION (if not in hospital) 5. SER A COLOR OR RACE [2, MARRIED MICHAEL MI	1	a. COUNTY Reltimore	2		MEDVIEND		nđ	b. COUNT	ſΥ		/
## Beltimore 15 d. NAME OF HOSPITAL OR INSTITUTION (if no lin hospital, give stress address) Veterans Administration Hospital 3. NAME OF DECERSED Type of print	-	b. CITY OR TOWN	if outside corporate lim	its,				te limits, writa	RURAL and giv	ve nearast to	wn)
A MAME OF HOSPITAL OR INSTITUTION (IT has possible, give street address) Veterans Administration Hospital 3718 Woodhaven Avenue No. A FARM 175 NO. NO. A FARM 175 N	1		**		8 Davs	Baltimo	ore 15	311	01 - 4	1	
Veterans Administration Hospital 3 718 Woodhaven Avenue 1	1			(if nol in ho		and the same of th			-		
Description RAYMOND C.		Veterans	Administra	tion	Hospital	3718 W	oodhaven	Avenue		_	
Second Reace Regro RAYMOND C. HYSIOP DEATH Jemmary 26 1961			Firs		Middle	Last		Month	De	ey Ye	er
Male Negro WIDOWED DIVORCED January 26, 1920 January 27, 1921 January 27, 1921 January 28, 1920 January 29,	1		RAYM	OND	C	HYSLOP		Januar	y 26	5 19	61
Male Negro Divorced January 26, 1920 41 yr. Months Devs House Min.		5. SEX	6. COLOR OR RACE	7. MARRI	ED TINEVER MARRIED 18	. DATE OF BIRTH					
Steel Plant Chesapeake, Virginia U. S. A.			Negro	WIDOW		January 26, 1		7			
Laborer 13. FATHER'S NAME William Myslop 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 7 CINTON MARKET Records, VAH, BATTIMORE 18, Maryland Yes WII 223-18-1405 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (e), 1 PART I. DEATH WAS CAUSED BY IN LOCAL SECURITY NO. 10 CINTON MARKET RECORD AND CONSTITUTION OF THE LIVER, ALCOHOLIC IN NATURE AND CONSTITUTION OF THE LIVER, ALCOHOLIC IN NATURE AND UNKNOWN (e), stellar. 19. DUE TO CIRRHOSTS OF THE LIVER, ALCOHOLIC IN NATURE AND UNKNOWN (e), stellar. 20. ACCIDENT WAS UNDERLYING (e) ACCIDENT WAS UNDERLYING (FIRE MORE) AND CONTRIBUTING CAUSE (FIRE HOW INJURY OCCURED. (Enter nature of injury in Peril for Part II of item 18.) (FIRE NOTIFY MEDICAL EXAMINE) 20. CACCIDENT WAS UNDERLYING (AUSE OF DEATH HOW ORD) AND WAS AUTOPSY PERFORMED) 20. LIVE OF INJURY MONTH, Deby, Yeer (201 MURY OCCURED. (Enter nature of injury in Peril for Part II of item 18.) (County) (Stele) 20. LIVE OF INJURY MONTH, Deby, Yeer (201 MURY OCCURED. (Enter nature of injury in Peril for Part II of item 18.) (County) (Stele) 22. I certify that (M (this hospital) attended the deceased from January (10 Log	1		ION (Give kind of wor		KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	nty & State, or for	eign country)	12. CITIZEN	OF WHAT	COUNTRY
William Hyslop 14. MOTHER'S MAIDEN NAME William Hyslop 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cerus per line for (e), (b), and (c).] 18. CAUSE OF DEATH (AND CALTER) DUE TO Condition, if eny, which pave rise to immediate cerus (e), asting the underlying cruse lest. (e), stefing the underlying cruse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20. ACCIDENT WAS UNDERLYING CRUSE OF BEATH (II.) 19. WAS AUTOPSY PERFORMED YES NO PHYS. 21. I certify that (II.) (III.) Inhoratory 20. Inhurary Occurred in January 20. Januar	1		orking tile, even if felir		teel Plant	Chesapeake	e. Virgi	nia	U. 5	5. A.	
William Hyslop 15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT PORT HOWARD DIVISION 18. CAUSE OF DEATH (Enter only one ceuse per line for [e], [b], and [e]. 18. CAUSE OF DEATH (Enter only one ceuse per line for [e], [b], and [e]. 19. ARIL DEATH WAS CAUSE [e]. 19. BLEEDING ESOPHAGEAL VARICES 10. CONditions, if eny, which gave rise to immediate ceuse (e), stelling the underlying ceuse lest. 10. CONDITION OF CONTRIBUTION CONTRIBUTIO	1			No.	,00010 110110						
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21. I certify that (X (this hospital) attended the deceased from January 18 10.57, to January 26, 10.1, that (N) (we) last saw the deceased alive on January 26, 19.61, and that death occured at 1.57, the total control of the causes and on the date stated above 22b. SIGNATURE 22c. PHYSICIAN'S NAME (Type) DONALD W. STEWART, M.D. 23d. ADDRESS VAH, BALTO. MD. FORT HOWARD DIVISION 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 24 FUNERAL DIRECTOR 31 ATTENDING PHYS. K 1/27/61 23d. LOCATION (City, lown or county) (State) Baltimore National 24 FUNERAL DIRECTOR 32b. REGISTRAR 3 SANATURE 25b. REGISTRAR 3 SANATURE	1										
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			4 4 4								
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

264

CC264

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Baltivrore MARYLAND	Mary Ory & b. COUNTY 3 VOI
b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL ond give nearest tawn)
JURAL and give nearest town) 3 475 3 mgs.	Baltinas - Andragadas 40
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
CONTRACTION MONAL	Country by St YES NO
NAME OF First Middle	Lost 4. DATE Manth Day Year
DECEASED (Type or print) MARY DIALS	TVP3 DEATH 1 12 1961
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED TO DIVORCED	7-27-1880 last birthday) Manths Days Haurs Min.
a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDU	
during most of warking life, even if retired)	Balta Mad 11.5.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wing a Man Man of Cular	manul 1000 0
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	NFORMANT Address
Yes, no, or unknown) (If yes, give war or dates of service)	20 Constitution of the state of
no lone (- Cum pleasmann, 10000h
18. CAUSE OF DEATH [Enter anly one cause per line to (a), (b) and (c).]	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	leroke ladio Vasculor Otsean
DUE TO	
Canditians, if any, which) (b)	
gave rise to immediate	
cause (a), stating the <u>under:</u> lying cause last. (c)	
(0)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED?
200 ACCIDENT WAS UNDERLYING TO 200 DESCRIPE HOW INVITED OCCUPA	ED. (Enter nature of injury in Port 1 or Port II of item 18.)
E 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURR OF CONTRIBUTING □ CAUSE OF DEATH OF CONTRIBUTING □ CAUSE OF DEATH OF CONTRIBUTION OF CONTRIB	
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Hour a.m. While Nat while fo	LACE OF INJURY (Home, form, 20f. (City ar tawn) (Caunty) (State) sclary greet, affice bldg., etc.)
p. m. 19 at wark ot wark	
21. I certify that (I) (this haspital) attended the deceased fram.	July 1905/10 July 196/, that (1) (we) last
sow the deceased alive an January 19 6 and that	death accurred at 24M, from the causes and an the date stated above
220. SIGNATURE	22b. DATE/
11 11 Whall the Itel Knich	M.D. PHYS. DIRECTOR STAFF PHYS.
22c. PHYSICIAN'S	22d. ADDRESS A
NAME (Type) WILLIAM G. HELFRICH	600 Kala Orac Vat
	1)00 6 1 Joeans all - 150lb 10
30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, tawn, or county) (State)
30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify) 1/1/61	
30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify) 1/14/61 DRUID RII	PIKESVILLE, MD.
30. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23b. DATE THEREOF DRUID RII DIVERAL DIRECTOR'S SIGNATURE ADDRESS	

Budy sell - The work of the second of the was build and one of the second of the the the the the contract of the contract of the THE THOUT PAINT YAAM 2011 July 1995 11.5. 27 wasnott 2 molto 11/pora y had annimale morale the man of its man to the formal of

illed in by the funeral within 24 hours after death. TO HOST IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

death. A set may be retained by the hospital or attending physician.

To funkal DIRECTOR: After this certificate has been signed by the attending physician and complete filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1

director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1

e. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after. MARYLAND STATE DEPARTMENT OF HEALTH

H AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH **DIVISION OF STATISTICAL RESEARCH**

265

00265

	e. COUNTY	2. USUAL RESIDENCE (Where decaased lived, it institution: Residence before admission					
1	Baltimore MARYLAND	Maryland b. COUNTY Balton					
1	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
- 4	Fort Howard 9 Days	X Chase					
0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?					
W	Veterans Administration Hospital	Eastern Avenue					
	3. NAME OF Served as First Bennie Middle	Jacksonst 4. DATE Month Dey Yeer					
	DECEASED (Type or print) BENJAMIN F.	JACKSON OF January 18 1961					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
	Male Colored widowed DIVORCED	February 20,1887 73 yrs. Months Deys Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY					
	Chauffeur Farming	Maryland U. S. A.					
7	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
9	Charles Jackson	Susan Cross					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 [Yes, no, or unkown] (Ifyesgivewerordetesofservice)	INFORMANT Address 18 Md					
	Yes WW I	linical Records, VAH, Baltimore 18, Md.					
	18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), end (c).]	I INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF PNEUMONIA	ONSET AND DEATH UNKNOWN					
hanne (422.1 DUE TO						
	Conditions, if eny, which \ (b) PSEUDOBULBAR PAIS	SY UNKNOWN					
	geve rise to immediate cause						
	(e), stering the underlying						
)	2. Dehydration Oper	ration 1/17/61 - Tracheostomy PERFORMED? YES NO X					
	2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH						
	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, streat, office bldg., etc.) While Not While factory, streat, office bldg., etc.)						
	21. I certify that (1) (this hospital) attended the deceased from January 92.4561, to January 18161, that (4) (we) last						
	saw the deceased alive on Jan. 18 1961, and the	at death occured at					
	22a. SONATURE	ATTENDING MED STAFF 22b. DATE					
	1 / / / / / / / / / / / / / / / / / / /	M.D. PHYS. DIRECTOR PHYS. 1/18/6					
	226. PHYSICIAN'S	22d. ADDRESS					
	R. H. ROBERTSON, JR., M. D.	VAH, BALTIMORE 18, MD., FT. HOWARD DIVISION					
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER						
		Netl, Eem,					
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
	millan & flusherm 1/297 Curles	2 2					
3	Melon la Elloperone 1/27/ Mes case	DATEIAN 2 3 '61 within &. Thanks					

Dalter Fort present Change Cartain Hall wrest have annually TOEKDAT! TEATHER TO Durates ET TERMER PROPERTY AL B. D. on the second A CURL Charles Jackers PARTITION OF THE PARTIT STANSON SERVICE CHARGO CENTRE (SOLAR), A produced the Manager to the second of the second and the final ventures of the first state of the fi MODELLE OR THE SECOND OF THE SECOND

22c. NAME OF CEMETERY OR EREMATORY

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

Vears

vears

PERFORMED? YES P NO

(State)

DATE SIGNED

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Cirilian & Track

240. REC'D BY REGISTRAR

DATEAN 2 5 '61

YES NO

Ye 61

poge 0 VS A15 (4) 15M 10/57

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

within 24 hours after death. Page

267 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the principle of the funeral director. Page 4 should be countried to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you is.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registral prior to burial, cremation, or removol.

MA	RYLAND	STATE	DEPAR	TMENT	OF HE	ALTH-	-BAL	TIMORE,	18
7	MEDIC	AL EX	AMINE	R'S	CERTIFI	CATE	OF	DEATH	Re

	00267
Reg. Dist. No.	

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)					
O. COUNTY BALTO MARYLAND	o. STATE Med. b. COUNTY Belto					
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) On A Se Md	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) EASTEYN AVE.	EASTERN AYE e. IS RESIDENCE ON A FARM? YES \[\begin{array}{ccc} NO \(\begin{array}{ccc} \text{YES} \(\begin{array}{ccc} \text{NO} \\ \text{YES} \\ \text{NO} \\ \text					
3. NAME OF DECEASED (Type or print) MARY Middle	Last 4. DATE Month Day Year OF DEATH / 27 196/					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	DATE OF 81RTH 1900 9. AGE (In years lost birthday) Months Days Haurs Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11 BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	Mary E. Prestore					
15. WAS DECEASED EVER IN JÚ. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wer or dotes of service) 16. SOCIAL SECURITY NO.	Maggie York 1208 Ellewood Hre					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (01)	PART I. DEATH WAS CAUSED BY:					
Conditions, if any, which gave rise to immediate couse	Cendrover culcu des logs					
(o), stating the underlying couse lost. (c)						
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NO CONTRIBUTIONS CON	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO					
	inter nature of injury in Port I or Port II of item 18.)					
	CE OF INJURY (Hame, farm, ory, street, office bldg., etc.) 20f. (City or town) (Caunty) (State)					
21. I certify that I took charge of the remains described abo	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that					
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .						
ACTUAL SIGNATURE SIGNATURE	_M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S TACK C Collins	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 1-27-6/					
220. BURIAL, CREMATION, REMOVAL (Specify) Burial May 31 6 Dull. Nat	& Cemetay Book and,					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PAULOT, Eliekepp 1/2971. Cart	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CITY St. House					

VS. A15ME(5) 5M 9/55

ACM MEDICAL EXAMINER'S CERTIFICATE OF DEATH

executed within 24 haurs after death. Page 4

requires that the death certificate be

and campletely filled Son papers. Pages 1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

24b. REGISTRAR'S SIGNATURE

Cuthun S. Krank

24a. REC'D BY REGISTRAR

DATE AN 1 8 '61

	268	CERTIFICA	ATE OF DEATH			Reg. D	ist. No.	UU	268
o. COUNTY Baltir	nore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marvlar		l lived. If institution b. COUNTY		nce befor		ion)
b. CITY OR TOWN (If RURAL ond give ne Glyndon	autside corporate limits, writ arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Glyndor		rate limits, write R	URAL ond	give neo	rest towr)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, give stre	10	d. STREET ADDRESS	ilroad	l Avenue				FARM?
NAME OF DECEASED (Type or print)	First	Irene Middle	Jefferson	4. DATE OF DEATH	Janu		1		Year 19 61
. sex Fema l e	0-7	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 10, 18		9. AGE (In years lost birthdoy) 85 yrs.	Months Months	Doys	Hours	Min.
during most af wark	N (Give kind of wark dane) ing life, even if retired) WOPK	06. KIND OF BUSINESS OR INDU	Boring, N			12. CIT		S. A	OUNTRY
3. FATHER'S NAME	Issacc Dett		14. MOTHER'S MAIDEN N. Martha						
	IN U. S. ARMED FORCES? If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	John L. Jeff	fe r son	- 55 Bo		ve. l	Reist	ters
The state of the s	DUE TO (b) mediate	r line for (o), (b), ond (c).]	C-V Disease				INTE	52	TWEEN DEATH YTS.
PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	er significant condition none	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY RMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Haur o. m.	CAUSE OF DEATH MEDICAL EXAMINER) (Month, Day, Year 20c	t -	D. (Enter nature of injury in P ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City	or town)	((County)		(Stote
21. I certify the		eased fram 8-11-46	accurred at 5 P	ADDRESS (Str	the causes an	d an th	e date	stated	abave E SIGNE
PHYSICIAN'S NAME (Type)	D. D. CAPLES,	M. D.	Reisterst	own, M	ſd.				
20. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			ION (City, town, o		and	(Stot	e)

TO HOSPIC OR ATTENDING PHYSICIAN: The law requires the may be a sined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detoched for use os the burial-transit the registrar priar to burial, cremation, ar remaval, and VS A15 (4) 1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE

J. F. Eline & Son - Reisterstown, Maryland

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			arise ?	
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	onen	entor Program		
	onen Alexandria	Autoli onoit Pursua do a se	200 H 200 H 200 H 200 H 200 H 20 - 21 H	
		turns onoi:		

FOR STATE HEALTH DEPT. TO DESCRIPTION EXAMINER: This certificate should be executed within 24 hours after death. If sex play is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the proof of the control of the contro VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 269 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
Baltimore Maryland	o. STATE Maryland b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
EAAAT	Baltimore 2/01-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Shipyard Dispensary - Bethlehem Steel Co.	911 S. Decker Avenue
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) JAMES W.	JENKINS DEATH January 23 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	March 18, 1901 System Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Carpenter Shipyard	VIRGINIA ILSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
TAMES & TENKING	MELLINA HINEGAL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewarordatesofservica)	
NO - 216-10-55751	PRS.FLORENCE JENKINS DECKER AUG.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic	Heart Disesse.
HAD A DUE TO	22042 0 2220420
Conditions, if any, which (b)	
gave rise to immediata cause	
(a), stating the undarlying DUE TO	
cause lest. (c)	TO DELAYER TO THE TERMINAL DISPACE CONDITION ON THE ACT OF THE PARTY O
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CA	YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS CAUSE OF DEATH.	Enter natura of injury In Part I or Part II of item 18.)
	CE OF INJURY (Homa, farm, 2Df. (City or town) (County) (State)
Hour a.m. While Not While 180	lory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	ald an Autopsy X, Inspection , Inquiry , and in my opinion
death resulted from:	
	CHIEF MEDICAL EXAMINER
SIGNATURE (Melles & letts	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER [] 1/211/61
NAME (Type) Charles S. Petty, M.D.	Addrass (Street, city, town, or county)
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or country) (State)
BURIAL TAN. 27,1961 MEADOWRIT	DGE HUWARD CO. MD
23. FUNERAL DIRECTOR ADDRESS R	1 248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
61/96 Sheym 3218 HUDSON ST 3	JAN 26 61 arily & Former
2. W. 1107 1 1 2 1 1 1 1 1 2 1 1 2 1 2 1 2 1 2 1	+ MO I DATE OF S 161 CONTROL & TOTAL

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	9/10.	Raidin	Edy Links	into ameng	
7.00	VA SECTOR	. S LIC	o In the control of	of - whom si	0 bieggtill)
<u> </u>	unte D	BRIZER		Salett.	
	92	March 19, 1901		a thi	=1.0 T
1154			branckin		
Mate	Him	W. OF M.	5/1/17	L TELL	31X 27
d states of	M. Angle	TREFEORE NEE	1878821-31		2.4
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		to the second se	X.	ngunga lipi. Sahinga Pennada yakapen	
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1/64/61				& polystic st	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 270 CERTIFICATE OF DEATH

	270	CERTIFICATE	OF DEATH		0.0270
1. PLACE OF D	EATH		2. USUAL RESIDEN	CE (Whera deceased lived, if ins	stitution: Rasidenca bafora admission)
Baltimo		MARYLAND	•. STATE Maryla	nd b. county	
b. CITY OR TO	OWN (if outside corporeta limits, AL and give nearast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, writa R	RURAL and give neerest town)
Fort Hor	ward, Maryland	45 Days	Baltim	ore 16	3V01-7
d. NAME OF	HOSPITAL OR INSTITUTION (if n	ot in hospitel, give street eddress)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
Veterans	s Administration	n Hospital	2812 W	est Mosher Stre	
3. NAME OF	First	Middle	Lest ST	4. DATE Month	Dey Year
(Type or print)	HARRY	BERNARD	JOHNSON	of DEATH January	5 1961
5. SEX			. DATE OF BIRTH	9. AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HRS.
Male		VIDOWED DIVORCED	February 2	7.1920 40 yrs.	Months Days Hours Min.
10a. USUAL OCC	CUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTR Wholesale Hou			12. CITIZEN OF WHAT COUNTRY?
Truck D	of working life, even if retirad)	Butter & Egg	se Baltimor	e, Maryland	U. S. A.
13. FATHER'S NA		,	14. MOTHER'S MAIDEN		
Henry B	. Johnson		Deiter Pl	easant	
15. WAS DECEAS			NFORMANT	Address	
Yes	WW II	219-05-6629 VA	inical Recor	ds, Md.FORT HO	WARD DIVISION
	OF DEATH (Enter only one ce		,		INTERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY:	ADENOCARCINOMA OF	THE LEFT LIN	G WITH METASTAS	SES 18 MONTHS
	minestrie errore (a)	TO LEFT RIBS, MEDI			-T-A-17014T177
Columbs.	2 x	LIVER AND SPLEEN	**************************************	11 1100100, 1 111111011	10201
	immediate ceuse				7 177715
		EDEMA OF LUNGS			1 WEEK
ceuse lest.	OTHER SIGNIFICANT CONDITIO	EARLY BRONCHOPNEUM ON S CONTRIBUTING TO DEATH BUT NO	ONIA	NAL DISEASE CONDITION GIVEN	NIN PART 1(A) 19 WAS AUTOPSY
<u>6</u>	OTHER SIGNIFICATIVE CONDITIO	TO DEATH BOTHE	T KEENTED TO THE TERMIN	NAL DISTAST CONDINON GIVE	PERFORMED?
S CACH					YES X NO
OR CONTRIB	THE WAS UNDERLYING 2. UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Perf I or Perf II of item 18.)	
ZOc. TIME O	F INJURY Month, Dey, Yeer	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fern	n, † 20f. (City or town)	(County) (State)
20c. TIME O		While Not While fact	ory, streat, office bldg., etc	.)	
	p.m. 19		November 21	160 . January	16](X ()
21. I cert	ity that (4% (this hospital)	ary 5 1960, and that	12:	1900, 100001111111	2, 19, that (P) (we) last
saw the d			death occured at	.EM, from the causes at	nd on the date stated above
226. SIGNA	1. 156	2 - M	DATE TO F	MED. STAFF DIRECTOR PHYS.	1/6/89NED
22c. PHYSIC	LAN'S	realism "	.D. PHYS. L	DIRECTOR PHYS.	, ,
	ERICK S. DONALD	SON, M.D.		MORE 18, MD. FOR	RT HOWARD DIVISION
23a. SURIAL, CR	EMATION, 236. DATE THEREO	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	
REMOVAL (S	pecity) 119/6	/ Baltimore Nati	ional Cemeter	ry Baltimore	Maryland
	ECTOR'S SIGNATURE	1808 N. Monroe S	2Sa. REG	C'D BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
	on S. Phillips			. 0 104	04.
		Baltimore 17, Ma	ry land	19 '61 '00	o S. Krous

annum en Francia Tempori y dom Solare Company a principal mode estada Municipal Estad

Denzy A. Johnson

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.A. .J. .. Dans rel estate : da out is tandill

The state of the second of the Arthnessen S. Arthres . retnigned IV. Maryland . The control of Filler . B. maryland

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

6	0	2	7	1

211	CERTIFICA	IE OF DEATH			60%	11	
o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	b.	f institution: Reside	Balta.	ssion)	
b. CITY OR TOWN (If outside corporate limits, RURAL and giranterest fown) RURAL and giranterest fown) RURAL and giranterest fown)	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If of Baltimor	ATTENDED	s, write RURAL one	give nearest tow	n)	
d. NAME OF HOSPITAL (If not in hospital, give or INSTITUTION ATMACOST REGIST	Nursing Home	d. STREET ADDRESS 7114 Hea	athfield	Road	ON	SIDENCE A FARM?	
RAME OF First DECEASED (Type or print) Lyd.	Middle W.	Johnson	4. DATE OF DEATH	Month January	21	Yeor 1961	
E-mala salaha	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH February 8,18	9. AGE lost b 82	(In years IF UND! irthdoy) yrs.	Doys Hours		
Oo. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Housewife	ne 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of Maryla		12. CI	U.S.A.	COUNTRY?	
3. FATHER'S NAME John Wm. Wat	son	14. MOTHER'S MAIDEN N unknown					
5. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates of servi	rice)	izabeth J. O	Laughlin	Address ,7114 He	athfiel	d Ros	
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	Generalizes	l arterio			?	.60	
CATIC	Ob. DESCRIBE HOW INJURY OCCURRE				ART 1(o) 19. WAS PERF YES	ORMED?	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						45	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 20d. INJURY OCCURRED While Not while ot work of work of work 19 to wor							
21. I certify that (I) (this haspital) attended the deceased fram. 1955, ta family, 1961, that (I) (we) last saw the deceased alive an 1961, and that death accurred at 120, M, fram the causes and an the date stated above. 220. SIGNATURE							
Trederick filalismer M.D. PHYS. Director STAFF 22c. PHYSICIAN'S NAME (Type) FREDERICK J. VOLLMER 22d. ADDRESS 6100 YORK RD BALTO-12, MD							
22c. PHYSICIAN'S	Colliner	M.D. ATTENDING ME PHYS. DI	ED. STAFI		2	2b. DATE	
22c. PHYSICIAN'S	Colliner	M.D. ATTENDING MEPHYS. DI	ED. STAFF RECTOR STAFF PHYS YORK RD 23d. LOCATION (CI	BALTO	2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2	2b. DATE	

O HOSPIDAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page may be that he haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. TO HOSPITATION MAY BE

VR A1S (4) 15M 9/59

y the funeral directar, 2 shauld be filed with

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
272 CERTIFICATE OF DEATH

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							J. Company of the Com
- Ma	1. F	COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. COUNTY		ore admission)
) t	CITY OR TOWN (If outside corporate limits, write RURAL and the negrout town)	c. LENGTH OF STAY IN 16 *	1 0	utside corporate limits, write F	RURAL ond give ne	earest town)
,		d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION FOR EST	PARK AUE	d. STREET ADDRESS	OREST PK.	AVE	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print) STELLA	M. Middle Ja	13B ^{lost}	4. DATE OF DEATH AND	30.	196/
	5. S	EX 6. COLOR OR RACE 7. MARRIN		MAR. 16, 18	9. AGE (In yeors last birthday) 70 yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
		USUAL OCCUPATION (Give kind of work done 10b. K during proof of working life, even if retired)	O.H.	MD		12. CITIZEN O	CA,
1	13.	SOHN HABT	MAN	MARY	ELLEN	/	
)		WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		TORMANT 1RS EDWI 306 FORE	ST PARK	ERNIA AUE.	
		18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	e for (a), (b), and (b).	Hemor	rhall	INTON	TERVAL BETWEEN
	Ų	33/ DUE TO Conditions, if any, which) (b)	Tenerali	sed art	erio Seler	1Res	- 1
		gove rise to immediate cause (a), stating the under- lying couse lost.		0			
)	FICATION	II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	nal disease condition gi	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	CERT	20g. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	(Enter nature of injury in F	Port I or Port II of item 18.)		
	MEDICAL	Hour a. m. While	JURY OCCURRED 20e. PLA Not while foct of work	CE OF INJURY (Home, form, form, street, office bldg., etc.	20f. (City or town)	(County	(Stote)
		21. I certify that (1) (this haspital) attended saw the deceased alive an and I	/ 1	1 (Pur	M, from the causes ar	4	hat (I) (we) last e stated abave.
		220. SIGNATURE FULL Pa		A.D. ATTENDING ME	D. STAFF PHYS.	2-	22b. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type) C. FARL	- PASS	22d. ADDRESS	deheux	M	
	23a	BURIAL, CREMATION, 23b. DATE THEREOF, BEMOVAL (Specify)	23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City, town,	or county) MD,	(Stote)
	4	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	all arm		ISTRAR'S SIGNATI	

52 941A CHATTAN THE THE STATE OF THE ST CAROLINE LANCE CATALLERINE SECTION TO SELECT AND SELECT STATES SELECT SECTION STELLA M. JUBB - JUH. Jus USA OH SHOW JOHN HATTEMAN MARY ELLEN A VINES Z YON ON MINISTER SHOW Port Brand Line Property CONTRACTOR OF THE PROPERTY. BURNEL SER SEL LOUDEN FRANK CALTER NET THE EDMONDED BY

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, W. PRESTON STREET, BALTIMORE 1, MARYLAND EXAM FICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived, If institution: Residence before admission) ly is necessary, aldirector. Page for your files. a. COUNTY BALTIMORE MARYL AND b. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporele limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Board Green timore for d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE ON A FARM? Glenarm YES NO X 2810 Reuchert Avenue v in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be retained burial-transit permit. File pages 1 and 2 with the Statemoval, and in any premit. File pages 1 and 2 with the Statemoval, and in any premit. NAME OF First Middle DATE Day Yaar DECEASED OF (Type or print) DEATH JOSEPH January 5 19 61 KANDRA 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Male March 19, 1889 WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maintenance Man .Hooper 13. FATHER'S NAME Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? This certificate should be executed within 1 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (Ifyesgivawarordetesofservice) Helen Kandra same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Electrocution IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which (b) asse execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a bits designated agent, prior to burial, cremation, or rem geve rise to immediate causa DUE TO (a), stating the underlying causa lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Part II of item 18.) MEDICAL EXAMINER: Contact with electrical current on or around sump pump CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, Month, Day, Year 20f. (City or town) (County) 20c. TIME OF INJURY (Stale) While Not While at work fectory, streat, office bldg., atc.) prior to Baltimore Md. Factory 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion Accident X Undetermined manner Natural causes Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** W. Bradley King, Jr., M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) £40 Gardens of faith Baltimore burral 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS. A15ME JAN 1 0 '61 Leonard J. Ruck 5305 Harford Rd. arthur S. Kraus 5M 7/59 DATE

THE POLICE OF THE WATER STREET STORY 4.6 w in f 2.10 Sections to the A CONTRACTOR OF THE SECONDS STATES OF THE SE Fele Matte A water with merch 18, 1889 -The transfer of the second of no lake graya. compared the control of the control of the control of PROBLET TAN -W. Sredley sing, Jr., N.S. Treatment of the thing of the contract of the thing of the things of the

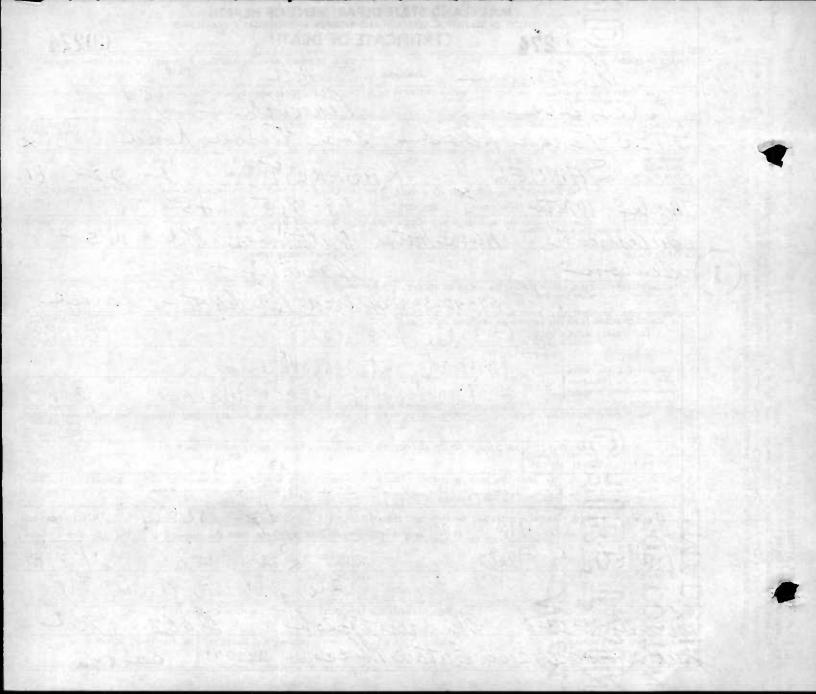
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** 274 2 HELLAL DECIDENCE (M/hors deserted lived 16 institution, Pariday BLACE OF DEATH

	COUNTY Paltimore MARYLAND	o. STATE MAC b. COUNTY	(the transfer of the transfer
ı	c. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town)	c. CLO OR TOWN (If outside corporate limits, write RURAL or	nd give nearest town)
	I Mesvelle	mesoure p	<i>A</i>
1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION THESE TOOLS	3420 Tulsa Koad	e. IS RESIDENCE ON A FARM? YES NO
3. 1	NAME OF First Middle , /	Last DATE Month	Day Year
	OFCEASED (Type or print) SAMUEL	ASHKETT OF DEATH	22- 1961
5. 5	6. COLOR OR BACE 7. MARRIED NEVER MARRIED	or state or state	DER 1 YEAR IF UNDER 24 HRS.
7	wale white WIDOWED DIVORCED	3-9-1915 last birthday) Month	
10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY?
-	Salesman Mens Hals	Gastimore Ma	WSH
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
) ~	Semon	Sarah	
		NFORMANT // Address	
(10	(If yes, give war ar dales of service) 578-10-8906	ylvia Rashkett - 1	lame
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WOONELL AC	elusion	ONSET AND DEATH
	420 / DUE TO	1	
	Condition it and it is a condition of	Molasclerosis	
	gave rise to immediate	7	n .
	lying couse lost.	tio react disease	10/1/2
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED?
TAT			YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Part 1 ar Part II of item 1B.)	North teacher
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
CAL		LACE OF INJURY (Home, farm, 20f. (City ar tawn) actory, street, affice bldg., etc.)	(County) (Stote)
MEDI	Hour o. m. p, m. 19 While Not while at wark of wark		
	21. I certify that (I) (this hospitat) attended the deceased fram.	summer 155 to 1/16 1	that (I) (me) last
		death accurred at Of M, from the causes and an	, , , , ,
	22gr SKONFATURE	dean accorded and the causes and an	22b.DATE
	Whale T. Truta	M.D. PHYS. MED. STAFF DIRECTOR PHYS.	1./23/84
	22c. PHYSICIAN'S	22d ADDRESS	4.
	NAME (Type)	200. University Ken	ny - 18
230	AURIAL, CREMATION, 236. DATE THEREOF 230 NAME OF CEMETERY	OR CREMATORY 23d. LOCATION 14, town, or coun	ty) (Staje)
/	GREMOVAL (Specify) 1-23-61 March	Theloh Galto	ma
34)	FUNERAL DIRECTOR'S SIGNATURE ADDRESS,	250. REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
YE	ack seurs one 2100 Entaw 1.	lace DATE JAN 23'61 arthur	a & Kinga

the funeral directar, shauld be filed with TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how may be a med by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached far use as the buriol-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/S9



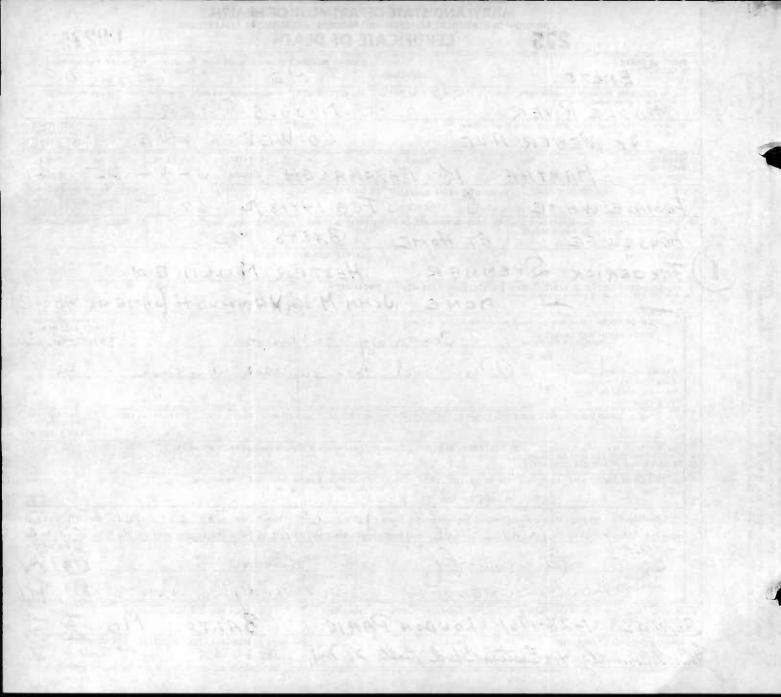
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATLE

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CE	RTIF	CA	TE	OF	DE	AT	H

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		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence by	pefare admission)
		O. COUNTY BALTO. MARYLAND	O. STATE MD B. COUNTY BAL	TO
	E	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
1	-	d. NAME OF HOSPITAL (If nat in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
		OR INSTITUTION WEBER AVE	60 WEBER AVE	ON A FARM? YES NO
	- (NAME OF DECEASED (Type or print) MARTHA K. Middle	ANAUGH 4. DATE OF DEATH JAN - 2	Day Yeor 6/
	S. S	FEMALE WHITE WIDOWED DIVORCED	FEB. 14-1892 9. AGE (In years lost birthday) Manths Da	EAR IF UNDER 24 HRS. ys Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE AT HOME	BALTO . MD.	OF WHAT COUNTRY?
	\ 3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		TREDERICK OPENHER	HESTER MILLIKEN	
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN s. no. or unknown] [(if yes, give wor or dates of service)]	FORMANT Address	
		- NOME VE	HN M. MANANGH SAME	as Abovi
		1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN
Н	H	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	y callisin	covernediate
		420,1 DUE TO	V	1.
		Conditions, if any, which gave rise to immediate (b)	Coronaly Vasc disease	141
		couse (a), stating the under-		
	7	lying couse last. (c)	ALOT RELATED TO THE TERMINAL DISEASE COMPLETION CIVEN IN PART V	-1 19 WAS AUTORSY
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED? YES NO P
		20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Part II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for work p. m. 19 of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (Coutory, street, office bldg., etc.)	nty) (Stote)
		21. I certify that (I) (this hospital) attended the deceased from.	an 15 1960, to JAN 25, 1961	, that (I) (we) lost
			eath occurred of ZAM, from the causes and on the d	ote stated obove.
		220. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	P2b. DATE SIGNED
1		22c. PHYSICIAN'S NAME (Type) LOUIS SEPIENOFF	2108 OREMS RD, BALTO	20, H
-	230 B	3. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify) 1-28-1961 LOUDON 1	R CREMATORY 23d. LOCATION (City, town, or county) ARIC BALTO. MO	(State)
9	24	SUNERAL DIRECTOR'S SIGNATURE Fasting Blod Balte	21 md DATE JAN 30'61 25b. REGISTRAR'S SIGN.	11

TO HOSPI VR A15 (4) 15M 9/59



		DIVISION C	27	5	CERTIFICAT	TE OF D	EATH			0027	76
M M	1	PLACE OF DEAT COUNTY Baltimore	н		MARYLAN	a, STA		b	COUNTY	on Residence	on
		write RURAL and	(if outside corporate limi d give nearest town) rd, Maryland		e. LENGTH OF STAY IN	1b c. CITY Klir		tside corporete limi	ts, writa RURA	L and give r	neerest town)
50	N.	. NAME OF HOSP	TAL OR INSTITUTION (Administrat	f not in hospit	tel, give street eddress)	d. STRE	ET ADDRESS		A de la		ON A FARM?
	3.	NAME OF DECEASED (Type or print)	First	0.0	Middle	lo	st 4.	DATE OF DEATH	Month	Doy 24	Yeer
		SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF B	IRTH	9. AGE (In last birt	711-0-711	DER 1 YEAR	IF UNDER 24 HRS. Hours Min.
	10a	(ale . USUAL OCCUPA ne during most of w	White FION (Give kind of work orking life, even if retire	WIDOWED 10b. KIN	D OF BUSINESS OR INDU		PLACE (County &		10.0	. CITIZEN O	F WHAT COUNTRY?
		Aborer FATHER'S NAME		Truc	king		ersburg,	W. Virgi	nia	U.	S. A.
1	_	John Kepl:	Inger VER IN U.S. ARMED FOR	CES? 16, 50	OCIAL SECURITY NO. 1		a Martin		Address		
	/ -	(es	If yas give war or dates of s WW I DEATH (Enter only one IH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ceuse per line	e for (e), (b), end (c).] STIVE HEART	VAH, Balt	timore 18	B, Md. FO	RT HOWA	INT	VISION ERVAL BETWEEN ISET AND DEATH RECENT
		Conditions, if en geve rise to immed (a), steting that cause lest.	y, which (b) liate ceuse underlying (c)	MULTI X UNDER MULT	oscierotic Pie metástá: Vermined IPLE BRAIN	ric/carc abscess	Ínóma/er Ses, cau	SE UNDET	ERMINE	E /U	INKNOWN INKNOWN
2	CATION	PART II. OTHE	R SIGNIFICANT CONDI	TIONS CONTI	RIBUTING TO DEATH BU	NOT RELATED T	O THE TERMINAL	DISEASE CONDITI	ON GIVEN IN	100	9. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	200. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OCCU	JRED. (Enter natur	a of injury in Part	I or Pert II of item	18.)		
	MEDICAL	20c. TIME OF INJ Hour a.m. p.m.	URY Month, Dey, Ye	er 20d. IN While at work	JURY OCCURRED 20e. Not While at work	PLACE OF INJUR fectory, street, of	fice bldg., etc.)	20f. (City or town		(County)	(State)
		21. I certify	that X) (this hospi sed alive on Ja	tal) attende nylary 2	ed the deceased from	nm November that death oc	er 1 , 60 cured at 2:1	PMo Janu	ary 24, auses and	190.1., the da	hat N) (we) last ate stated above.
1		22e. PHYSICIAN'S	Habit	Jas	The		DIRECT DI	CTOR PHYS	. 🔯	**************************************	1/25/61 1/25/61
	23.	R. H.	ROBERTSON,		23c. NAME OF CEMETI	ERY OR CREMAT	ORY 2	OKE TO MID 3d. LOCATION (Kline		county)	D DIVISIO (State) Virginia
F6533	230	KEMOYAL (Specify	1-1-	/ /							
E	24	REMOVAL (Specify Remova.) FUNERAL DIRECTO	R'S SIGNATURE	61	ADDRESS rford Rd., B		25a. REC'D	BY REGISTRAR 2			TURE

MARYLAND STATE DEPARTMENT OF HEALTH

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E. H. MONTESSON, M.D. L.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY	Balto	, MARYLAND	2. USUAL RESIDENCE (W		If institution: Reside	Balto	on)
b. CITY OR TOWN (III	f outside corporate limits, writ	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF	outside corporate limi	ats, write RURAL one	give nearest town	
d. NAME OF HOSPIT	AL (If not in haspital, give stre	et address)	Box 39	2 Rt,	Phila		DENCE FARM? NO 🖾
3. NAME OF DECEASED (Type or print)	Anna	Middle	Kerber	4. DATE OF DEATH	Manth		rear 9 6 1
5. SEX	1 1//	ARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE lost I	(In years orthogy) Months	Doys Hours	R 24 HRŠ. Min.
Suring most of work	ON (Give kind of work dane ling life, even if retired)	Ob. KIND OF BUSINESS OR INC	DUSTRY 11 BIRTHPLACE (State	e or foreign country) Make N	nd_ 12.01	U.S.	OUNTRY?
13. FATHER'S NAME	3 7	iet+Ke	Cother's MAIDEN	NAME H O	2		
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17	arelyn B	McDonald	Address Bol 3	355 AL P	ida f
Conditions, if argove rise to in couse (a), stoting lying cause lost.	mmediate DUETO	teriosolen	otic Cand	130513 10295,	Dis	IS	yr
PART II. OTH	ESIGNIFICANT GONDITION	CONTRIBUTING TO DEATH B	NOT RELATED TO THE TERM	AINAL DISEASE COND	ITION GIVEN IN PA	ART 1(o) 19. WAS A PERFOI YES	NO A
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 20b. E CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature af injury in	Port I or Part II of its	em 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	Wh		PLACE OF INJURY (Hame, far foctory, street, affice bldg., et	m, 20f. (City or town	1)	(County)	(Stote)
saw the deceas	the is 1	Inded the deceased from	death accurred at 30	MED. STAP	suses and an t		
22c. PHYSACHAN T	FORD F.	HUDSON	22d. ADDRESS	FORK	MD	111	
230. BURIAL, CREMATIO REMOVAL (Speqify)	1-20-6	23c. NAME OF CEMETERY	or CREMATORY	23d. LOCATION (C	or Are 1	3alto	nd
24. FUNERAL DIRECTOR'S	s signature Brus.	ADDRESS	DATE	JAN 1 9 '61	256. REGISTRAR'S !	SIGNATURE 7 S. Kraus	,

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 TO HOSPI VR A15 (4) 1SM 9/S9

1897 re collins in the Superstantial State of the Sup THE SHEET CORCLARY THE POMBLESSES TO THE DRIVE Late of Late of the State of th

TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

See death, See 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Veterans Administration Hospital 3312 Echodale Avenue 3. NAME OF DECEASED (Type or print) JAMES JOSEPH KING DEATH January 3 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White WIDOWED DIVORCED DECEMber 1,1899 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF Water Bureau Baltimore, Maryland U. S. 13. FATHER'S NAME James King 14. MOTHER'S MAIDEN NAME Alice Keenan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyespivewerordetes of service) Yes WI 1 21809-8073 Clinical Records, VAH, Baltimore 18, Md. Ft INTERNONSET	
Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Fort Burnal and give nearest town) Fort Howard, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) 3. NAME OF DECEASED (Type or print) JAMES 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOVER MARRIED NOVERD NOVERD NOT HOSPITAL OR INSTITUTION (Give kind of work done during most of working life, even if retired) Laborer 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 13. FATHER'S NAME James King 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes giveweror detes of service) Yes WI CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) HEPATIC COMA Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give near c. CITY OR TOWN (If outside corporate limits, write RURAL and give near c. CITY OR TOWN (If outside corporate limits, write RURAL and give near c. CITY OR TOWN (If outside corporate limits, write RURAL and give near c. CITY OR TOWN (If outside corporate limits, write RURAL and give near Baltimore 14 d. STREET ADDRESS 3312 Echodale Avenue FATHER ADDRESS 3312 Echodale Avenue 9. AGE (In years if UNDER I YEAR IF Least birthday) Months Deys Honding Months Deys Hondi	before admission)
write RURAL and give nearest town) Fort Howard, Maryland 7 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Veterans Administration Hospital 3. NAME OF DECEASED (Type or print) JAMES SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DECEMber 1,1899 Male White Widowed Divorced December 1,1899 Month Deys Homel Homel Divorced December 1,1899 Male White Widowed Divorced December 1,1899 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Laborer Water Bureau Baltimore 14 4. DATE OF BIRTH 9. AGE (In years If UNDER1 YEAR IF Least birthday) Months Deys Homel Homel December 1,1899 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Laborer Water Bureau Baltimore, Maryland U. S. 13. FATHER'S NAME James King 14. MOTHER'S MAIDEN NAME Alice Keenan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address Alice Keenan 16. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) HEPATIC COMA	1
Fort Howard, Maryland 7 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Veterans Administration Hospital 3. NAME OF DECEASED (Type or print) JAMES JOSEPH KING 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DECEMBER 1,1899 6. COLOR OR RACE 7. MARRIED DIVORCED DECEMBER 1,1899 6. COLOR OR RACE 7. MARRIED DIVORCED DECEMBER 1,1899 6. COLOR OR RACE 7. MARRIED DIVORCED DECEMBER 1,1899 6. COLOR OR RACE 7. MARRIED DIVORCED DECEMBER 1,1899 6. COLOR OR RACE 7. MARRIED DIVORCED DECEMBER 1,1899 6. COLOR OR RACE 7. MARRIED DIVORCED DECEMBER 1,1899 6. COLOR OR RACE 7. MARRIED DIVORCED DECEMBER 1,1899 6. COLOR OR RACE 7. MARRIED DIVORCED DECEMBER 1,1899 6. DATE OF BIRTH James King 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) Laborer 12. CITIZEN OF WATER 1. MOTHER'S MAIDEN NAME Alice Keenan 14. MOTHER'S MAIDEN NAME Alice Keenan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes WI I 21809-8073 Clinical Records, VAH, Baltimore 18, Md. Ft 18. CRUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c), 1	rest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Veterans Administration Hospital 3312 Echodale Avenue 1. DATE OF DEATH JAMES JCSEPH KING DEATH January 3 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White WIDOWED DIVORCED DECEMber 1, 1899 61 yrs. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Laborer 13. FATHER'S NAME James King 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give werd deless of service) Yes WI 21809-8073 Clinical Records, VAH, Baltimore 18, Md. Ft INTERVONSE! IMMEDIATE CAUSE (e) HEPATIC COMA JAMES Administration Hospital 3312 Echodale Avenue 1. DATE OF Month Dev DATE Month D	-4
3. NAME OF DECEASED (Type or print) JAMES JCSEPH KING JAMES JCSEPH KING JAMES JCSEPH KING AGE (In years Funder 1 year Funder 1 year	. IS RESIDENCE
3. NAME OF DECEASED (Type or print) JAMES JCSEPH KING JAMES JAMES JAMES JCSEPH KING JAMES JAMES JAMES JAMES JAMES JAMES JAMES JAMES JAMES JAME JAMES JAME	YES NO
Same State	Yeer
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DECEMBER 1,1899 6. COLOR OR RACE 7. MARRIED NEVER NEVER IN U.S. CARMED FORCES? NEVER MARRIED	10 67
Male White WIDOWED DIVORCED X December 1,1899 61 yrs. Months Deys Hole. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Iaborer Water Bureau Baltimore, Maryland U. S. 13. FATHER'S NAME James King Alice Keenan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes giveweror detes of service) Yes WW I 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes WW I Clinical Records, VAH, Baltimore 18, Md. Ft IB. CRUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) HEPATIC COMA	19 61 UNDER 24 HRS.
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF Water Bureau Baltimore, Maryland U. S. 13. FATHER'S NAME BUREAU Baltimore, Maryland U. S. 14. MOTHER'S MAIDEN NAME Alice Keenan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewerordetesofservice) Yes WW I 21809-8073 Clinical Records, VAH, Baltimore 18, Md. Ft 18. CRUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) HEPATIC COMA	fours Min.
Laborer Water Bureau Baltimore, Maryland U. S.	
Iaborer Water Bureau Baltimore, Maryland U. S. James King Alice Keenan	VHAT COUNTRY?
James King Standard	A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes WW I 18. CRUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) HEPATIC COMA 17. INFORMANT Address D Clinical Records, VAH, Baltimore 18, Md. Ft ONSET	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes WW I 21809-8073 Clinical Records, VAH, Baltimore 18, Md. Ft 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) HEPATIC COMA	
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1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) HEPATIC COMA	
Conditions, if eny, which geve rise to immediate ceuse (a), stating the underlying ceuse lest. LAENNEC'S CIRRHOSIS DUE TO (c)	MONTHS WAS AUTOPSY
YES	PERFORMED?
O Company of the Comp	T 140 [38]
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) COR CONTRIBUTING CAUSE OF DEATH	
	10
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour a.m. While Not While factory, street, office bldg., etc.)	(Stete)
P.m. 19 et work et work	
21. I certify that (& (this hospital) attended the deceased from December 27, 1960 to January 3, 1961, that	(f) (we) last
saw the deceased alive on Jan. 3 1961, and that death occurred at A	
22a. SIGNATURE	22b. DATE
ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. X	1/3/61
22c. PHYSICIAN'S 22d. ADDRESS	-12/02
FREDERICK S. DONALDSON, M.D. VAH, BALTIMORE 18, MD., FORT HOWARD	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	DIVISTO
REMOVAL (Specify) //6/6/ New Cathedral Cemetery Baltimore Ma	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 305 Harford Rd 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR	(Stete) aryland
Leonard J. Ruck Funeral Home, Baltimore 14, Md PATE JAN 4. '61 Chillian S. Kinns	(Stete) aryland

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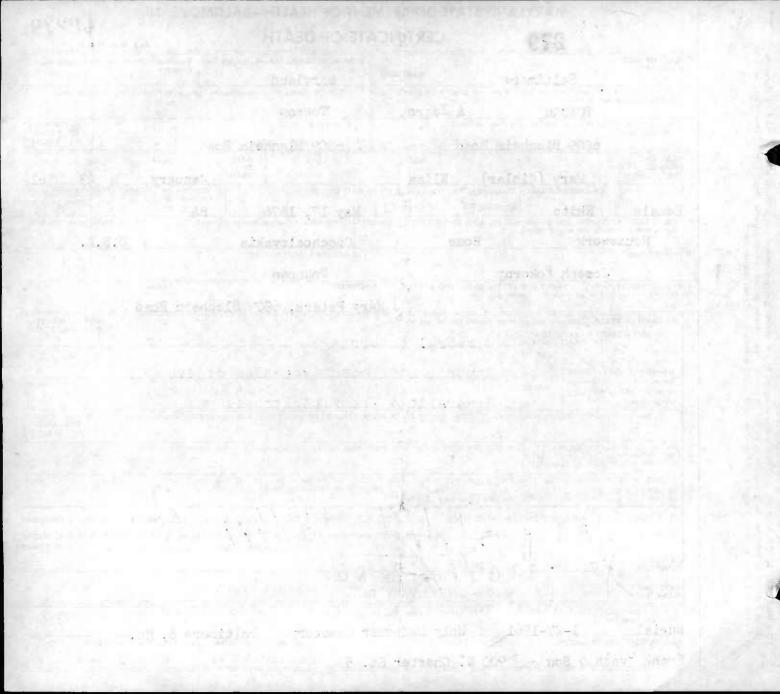
Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY			***		. USUAL RESID	ENCE (Wh	ere decease	d lived. If instituti		ce befar	e admissi	ian)
		Baltimo		MARY	LAND	Mary	land			10	aVi	To -	
	b. CITY OR TOWN (If RURAL and give ne	f autside carporate limit arest tawn) TOWSAN	s, write	c. LENGTH OF STAY	IN 1b	C -	own (If a	utside carpo	orate limits, write f	RURAL and	give nea	rest town)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, gi		ddress)		d. STREET AD	DDRESS						IDENCE FARM?
2		6809 Blenh					RTen	neim B					
3.	NAME OF DECEASED (Type or print)	Mary (Ci)	hlar)	Middle Klima		Lost		4. DATE OF DEATH	Januar		Da:		Year 1967
	SEX	6. COLOR OR RACE	7. MARRI		_	DATE OF BIRTH	2.424		9. AGE (In years last birthday)	IF UNDER Manths	1 YEAR Days	IF UNDE Haurs	R 24 HRS. Min.
10	r emale	White N (Give kind of work d	lone 10h K	IND OF BUSINESS O	P INDUSTR	May I'	18'/6	or foreign o	84 yrs.	12 CITI	7ENI OE	WHATC	OUNTRY?
	during most of work Housey	ing life, even if refired)		Home	K IIIDO31K	Czecho	-4		001117)		.S.A	. A	CONTRI
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
)		Joseph Poko	rnv			Unk	nown						
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO	. INFO	RMANT			Add	ress			
{1	es, no, or unknown) (If yes, give wor or dates of se	rvice)		Mar	y Peter	s, 68	909 B1	enheim R	oad			
7	Conditions, if ar gave rise to in couse (o), stoting t lying couse last.	the <u>under-</u> DUE TO	HJ G	erebral bypertens:	ive c	ardiov	scler	rosis				ET AND	
CERTIFICATION		ER SIGNIFICANT CONE	300							VEN IN PAR	1 1(0) 1	PERFO	RMED?
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED. (Enter nature af	injury in F	Part I ar Par	t II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Y Month, Doy, Yea	While of work	Not while of wark		OF INJURY (H y, street, affice			ar tawn)	1	Caunty)		(State)
	21. I certify the alive an	at I attended the	OUIS 8402	J. PRATT, 2 GREENW	JR., I),),			the causes ar			stated	
22	o. BURIAL, CREMATION REMOVAL (Specify)	1-27-19		Holy Rec			rv		TION (City, town,			(State	e)
23	FUNERAL DIRECTOR'S			ADDRESS			240. REC'I	D BY REGIST	TRAR 24b. REG	STRAR'S SIG	GNATUR	RE 3	
	Frank Cyac	h & Son	900	M Chaste	m C4	E	DATE .	AN 2 7	61 6	Inthur &	1 Hra	us.	

may be Jained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VS A15 (4) 15M 9/58



DIVISION OF STATISTICAL RESEARCH 280 filled in by the funeral Pages 1 and 2 should within 24 hours after TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death.

S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed filled in by the funeration, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-should be filled in prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

MARYLAND STATE DEPARTMENT OF HEALTH

w. preston street, baltimore 1, maryland 0280CERTIFICATE OF DEATH

	PLACE OF DEATH		2. USUAL RESIDENCE (Where de		esidence before admission)
	Baltimore	MARYLAND	a. STATE IId.	b. COUNTY B	altimore
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orala limits, write RURAL end	give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		. IS RESIDENCE
	1831 White Oak Av	e	11. 7	Oak Ave.	ON A FARM? YES NO D
	NAME OF First DECEASED (Type or print) Anno	Middle	Knich # 4. DATE OF DEATH	Month 7	1 19 6.1
5.	SEX 6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	. AGE (In yeers IF UNDER 1	, , ,
0	male white widow	VED DIVORCED	4-23-1905	55 yrs.	ays Hours Min.
10a do	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or	foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
1	roup Head Gen. Acct.	Office, Wash.	Maryland 14. MOTHER'S MAIDEN NAME		USA
1	Thomas D. Murphy		Mary White		
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unkown) (Ifyes give war or dates of service)	11	INFORMANT O	Address	
			enry 1. Knight	sam	
	1B. CAUSE OF DEATH [Enter only one cause pe	r line for (a) (b), and (c)	/		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(plasence	e, params	ma	
	Conditions, if any, which		from , 1	- 1 +)
	gava rise to immediate cause	1 runnory	600 of pl.	Untitum	
	(a), stating the underlying cause last.	d	0		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	208. ACCIDENT WAS UNDERLYING (CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Part I or Part I	l of item 18.)	
MEDICAL	Hour a.m. Wh		ACE OF INJURY (Home, farm, 20f. (City tory, street, office bldg., etc.)	y or town) (Coun	(State)
	21. I certify that (I) (this hospital) atte	ended the deceased from	10/15/60, 19,0, to.	1/2//6/., 19.	, that (I) (we) last
	saw the deceased alive on		death occured at 12 p.M. from	/ /	
	22a. SIGNATURE	mith	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	22b. DATE // SIGNED/
	22c. PHYSICIAN'S NAME (Type) M. M. SA.	nith. m.	D. 22d. ADDRESS 05-	thE ALAN	meda Bakto
238	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOC	ATION (City, town or county) (State)
64	removal, (Specify)	New (other	ral Cem. Bal	timore. Md.	
-	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC'D BY REGIS	TRAR 256. REGISTRAR'S S	IGNATURE
1	eonard J. Ruck 5305	Harford Rd.	DATE JAN 25'	61 arthur &	. Krana

the contract of the feet that the second second second second I Tracia un taujota throat is the A. A. S. Wall to the winds to a state of the state of Londid f. Was 1515 The fine his .

VS A15 (4) 15M 9/5B

PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00281 281 **CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) STATE b. COUNTY

	baltimore cou	nty	Maryland		
b. CITY OR TOWN	(If autside carporate limits, wr	ite c. LENGTH OF STAY IN 1	b c. CITY OR TOWN	(If outside corporate limits, write R	URAL and give nearest town)
RURAL and give	Lutherville		Baltimor	e 18	101-4
	ITAL (If not in haspital, give st	reet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	College Manor		Hopkins	Apts, 31st St	reet YES NO
NAME OF DECEASED (Type or print)	First Ell s	Middle ${f L}_ullet$	Knight	4. DATE Mor	uary 16 1961
SEX Female	white	MARRIED NEVER MARRIED OWED DIVORCED		9. AGE (In years last birthday) 80 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min.
during most of wo	ION (Give kind of work dane orking life, even if retired)	Specialty Sho	p Baltim	ore County	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	Dennis Kirby		Ellen M		
S. WAS DECEASEDEN	/ER IN U. S. ARMED FORCES? (If yes, give war ar dates of service)	16. SOCIAL SECURITY NO. 214-18-2315	informant irs. Jane K.C.	Grant, 3712 Ala	meda Blvd.Zone
	EATH [Enter only one couse p EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (a), (b), and (c).]	Corolic 1	Heart Disi	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gove rise to	ony, which (b)	Sen. arle	rioscler	osis	7
lying cause las	the under-	Silatera	& Brow	chopneum	rouge luft
PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	THER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITION GIV	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	VAS UNDERLYING ☐ 20b. G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury	in Part I or Part II of item 18.)	
20c. TIME OF INJU Haur o. m p. m	. 10 W	Od. INJURY OCCURRED 20e Thile Not while work at work	PLACE OF INJURY (Hame, foctory, street, office bldg.,		(Caunty) (State
21. I certify	that I attended the dec	eased from Self	1256 to	1-16-1961	that I lost sow the deceose
alive on	1 - 11	//	ath occurred at Lail		nd on the dote stated obove
	1),00	270,0	011	ADDRESS (Street, city or town,	
ACTUAL SIGNATURE	Tologel 1	toul)	M.D. 3105	U. Charles	St. 18. 1-18
PHYSICIAN'S NAME (Type)	P. H. S	iver	Bat	Pinore, 1	8. Jul.
PEMOYAL (Specif		22c. NAME OF CEMETER		22d. LOCATION (City, town,	or county) (State)
BURIAL	1-20-61		Iral Cemetery		
3. FUNERAL DIRECTO		ADDRESS		EC'D BY REGISTRAR 24b. REGI	STRAR'S SIGNATURE
illiam Co	ok, Inc., 121	7 St. Paul Stre	DATE	JAN 1 9 '61	Irling & Kraus

TO A STATE OF THE PROPERTY OF THE PARTY OF T SI STATESTEE Hearthan Joy, Black Streethers, and the to very the same thinks. 114 - 48 - 4851 - 4851 - 4851 - 4851 - 4851 - 4851 goni signioso A.S.H. grants columniated Colonia dinner Markon . Profit of the control of th THE REAL PROPERTY OF THE PARTY AND ASS. as block one is springe furnity on their real most maintained

FOR ST						H-BALTIMORE, 18	B Reg. Dist. No.
IEALTH	DEPT.	PLACE OF DEATH			O STATE	Where deceased lived. If institution	n: Residence before admission)
files. Health,	(M)	Beltime		c. LENGTH OF STAY IN 1	mar	vland	Baltimore.
T T	(11)	and give nearest town)	ordie fimils, write RURAL			If autside corporate limits, write &	RAL and give necrest fown)
yaur d of		Arbutus		1 Hour	Baltimo	re	110104
d far Boor		4852 Carail		spitol, give street oddress)	d. STREET ADDRESS	ranklintown R	e. IS RESTDENCE ON A FARM? YES NO
to to	X	NAME OF	First	Middle	Last	4. DATE Month	Doy Yeor
or or		DECEASED (Type or print) Herma	an Kolb			DEATH January	9.1961 19
o the poly				IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF	UNDER TYEAR IF UNDER 24 HRS.
may with		Tale Whi			April 19,1	902 58 yrs. N	onths Days Hours Min.
d 2 d 2		. USUAL OCCUPATION (Give !	kind of work done 10b.	KIND OF BUSINESS OR INDI	ISTRY 11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Poge and n 72	1	luring most of working life, ever Carpenter	en if refired)	orstruction	Germany		U.S.A.
A3. Po		FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Poges Page Page		Unknown			Unknow	n	
drm drm	ALE	WAS DECEASED EVER IN U. S		SOCIAL SECURITY NO. 17	INFORMANT	Address	
E . E		NO (If yes, give	war or dates of service)		Carrie J. Ko	lb 518 N.Frank	klimtown Rd.
E.E.		18. CAUSE OF DEATH Enter	only one cause per line		JULI 110 0 1110	an one mer real	INTERVAL BETWEEN ONSET AND DEATH
poud		PART I. DEATH WAS C	AUSED BY:				ONSET AND DEATH
# 0 # D		IMMEDIA	TE CAUSE (a)	Coronary thr	On DOSIS		
Affice How		Canditians, if any, which	DUE TO				
a sign		gave rise ta immediate caus	• (
e e e		(a), stating the underlying	DUE TO				
ans com			FICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	I NOT PELATED TO THE TERA	MINAL DISEASE CONDITION GIVEN	IN PART I/ALIO MAS AUTORS
ed Ex		TAKI II. OTTEK SIOTT	ilicant companions c	OTTINIO THE TO DEATH OF	THO RESIDED TO THE TEXA	MINE DISEASE CONDITION OFFER	PERFORMED?
ingline as	- No.	200 EXTERNIAL CALLSE WAS	20h DESCRIE	DE HOW INITIAL OCCURRED	(Enter and an of the transit B	Alaman (Company	YES NO
Med Ad be rial,	0	200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTIN CAUSE OF DEATH.	IG D	BE HOW INJURY OCCURRED	tenier nature or injury in Po	er I or Part II of Item IB.)	
har		20c. TIME OF INJURY Mo	onth, Doy, Year 20d.	INJURY OCCURRED 20e. P	LACE OF INJURY (Home, for	m. 20f. (City ar tawn)	(County) (Stole)
e Cle Cle Cle Cle Cle Cle Cle Cle Cle Cl		Hour a.m.	19 While at w	le Nat while frank of ot work	actory, street, office bldg., et	c.)	
o th oge		21. I certify that I to	ak charge of the	remains described al	oave, held an Autap	sy , Inspection .	Inquiry , and in my
De c		opinion deoth resulted				Hamicide , Undeterm	
ogo age		21	/ /	/ //		, onderen	mica manner []
PE C		ACTUAL VO	MMK.	: Mu	M.D. CHIEF MEDICAL E	XAMINER []	DATE SIGNED
Par Par	-	SIGNATURE	11/1/12	7	M.D.	CAL EXAMINER [
RAI	1	EXAMINER'S GEORG	e S.M.Kie	ffer	DEPUTY MEDICAL	-1.07	9,1961
INE de la		. BURIAL, CREMATION, 226.		122c. NAME OF CEMETERY		22d. LOCATION (City, 19wn, or	
4 sh		REMOVAL (Specify)	/19/61				timore, Maryland
.40.	3	FUNERAL DIRECTOR'S SIGNAT	16.0	ADDRESS C	THE TOTAL 240. REC	1 WOOOL SW . DOLL D BY REGISTRAR 24b, REGISTR	
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m 2/3/	10	11/10	· 1 Jac sall	multo mind	C) TOTT DATE O		

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			A September 19 and 19 a

FOR STATE HEALTH DEPT. ral director. Page ed for your files. may be retained 2 with the State uld be executed within 24 hours after death. If a in pencil in Item 18, Give Pages 1, 2, end 3 to the Office along with form PM3. Page 5 may be refacural-transit permit. File pages 1 and 2 with the Soural, and in any event within 72 hours effer de Office elong with form PM3. burial-transit permit. File page This certificate should be executed removal, "pending" please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's O FUNERAL DIRECTOR: Page 3 should be used as a 0 cremation, MEDICAL EXAMINER: burial, age 0 prior agent, designated

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VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

283MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY a. STATE MARYLAND BALTO b. CITY OR TOWN (if outside corporete limits, MARYLLAND. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and giva nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO W NAME OF DATE Middle Month Dev Yeer OF DECEASED DEATH (Typa or print) 19 61 ARGARET AN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Months Devs Hours WIDOWED DIVORCED EC EMALE 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) OUSEWIFE USEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOEBE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no. or unkown) | (If vasoive wer or dates of sarvice) 16-07-4903 MRX USE. 1113 OREMS. RD INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, (b) geve rise to immediata cause DUE TO (a), steting the underlying causa last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 2Db. PRIMARY PT OF CONTRIBUTING CAUSE OF DEATH. 2Dd. INJURY OCCURRED /200. PLACE OF INJURY (Homa, farm,) 20f. (City or town) Month, Dey, Yeer, (QBunty) (Slale) 20c. TIME OF INJURY fectory, street, office bldg., etc.) While Not While at work at work 1111 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide 1 Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER (4 EXAMINER'S NAME (Typa) Addrass (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) (-0 TARDEUS. 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY Page Health, director. Page or your files. Bail MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Jo d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NO NAME OF Middla DECEASED with the In pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be repurial-transit permit. File pages 1 and 2 with the loval, end in any event with a 72 hours after d (Typa or print) DEATH 13,181 19 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Hours WIDOWED DIVORCED 10e. USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if petirad) zuservy. Office along with form PM3. burial-transit permit File page 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unkown) | (Ifyas giva war or datas of servica) 2200 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immadiata causa ro. DUE TO vecute the certificate, writing the word "pending be forwarded to the Chief Medical Examiner" (a), stating the underlying SE causa last. be used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of item 18.) PERFORMED? NO T pinous 20a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] age 3 sho to burial, CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) Not Whila at work at work Travroblin So. 74+24 prior Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X and in my opinion Natural causes X Accident Suicide | death resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE PUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S pjnoys NAME (Typa) Addrass (Streat, city, town, or county) please 4 shoul TO PUN 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Kraus 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CEPTIFICATE OF DEATH

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may be referred by the haspital of affending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director,	page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	the State Board of Health prior to burial, cremation, or removel, and in any event, within 72 hours after death.	
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

PLACE OF DEATH C. COUNT Baltimore MARYLAND 2. STATE MARYLAND C. COUNT Baltimore C. COUNT C.		400	CERTIFICA	TIE OI BEATT				
ANAME OF HOSTITAL (If not in hospitol, give street address) d. NAME OF HOSTITAL (If not in hospitol, give street address) d. STEET ADDRESS OR INSTITUTOP Presbyterian Home of Md. 2009 East 32nd. Street Pearla M. Middle Lou		Baltimore	MARYLAND	q, STATE	here deceased live		Residence befo	ore admission)
d. NAME OF HOSTIAL (If the in hospital, give street address) d. NAME OF HOSTIAL (If the in hospital, give street address) d. NAME OF HOSTIAL (If the in hospital, give street address) d. NAME OF Presbyterian Home of Md. 2009 East 32nd. Street Street ADDRESS Street ADDRESS			c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	limits, write RURA	AL and give ne	arest town)
OR INSTITUTION Presbyterian Home of Md. 2009 East 32nd. Street Street No Nonh Doy Year	KUKAL ond give			Baltimore		300	1-4	
NAME OF First Middle Lost April Day Vest No			address)	d. STREET ADDRESS				e. IS RESIDENCE
DECEASED (Pype or pin) Pearla M. Lapsley Death Jan. 29 19 19 5. S. SEX O. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NAME (Pope or pin) Note 100. USUAL OCCUPATION (Give kind of work done) 101. Waryland 102. CITIZEN OF WHAT COUNTRYY Maryland 103. FATHER'S NAME Carroll Ransom 104. Monther's MAIDEN NAME Ellen Isabelle Street 105. WAS DECEASED EVER IN U. S. ABMED FORCES? 106. SOCIAL SECURITY NO. 17. INFOMMANT Mrs. T.E. Elliott, Supt. Presbyterian Home 107. INFOMMANT Mrs. T.E. Elliott, Supt. Presbyterian Home 108. CAUSE Of DEATH (Enter only one couse per line for (o), (b), ond (c). PART I. DEATH WAS CAUSED BY: PART II. DEATH WAS CAUSED BY: (b) Ceneralized arteriosclerosis (c) Use TO (d) Use TO (e) DECONDENI WAS UNDERLYING (b) Ceneralized arteriosclerosis (c) Use TO (c) Use TO (c) Use To (d) Use TO (e) DECONDENI WAS UNDERLYING (d) DECONDENI WAS UNDERLYING (e) Ceneralized arteriosclerosis (b) Ceneralized arteriosclerosis (b) Ceneralized arteriosclerosis (c) Use To (d) The Contribution of Cause Or DEATH (e) DECONDENI WAS UNDERLYING (b) Ceneralized arteriosclerosis (c) Use To (c) Use To (d) The Contribution of Cause Or DEATH (d) Th	OK INSTITUTION	Presbyterian Hon	me of Md.	2009 East	32nd. St	reet		
Type or print Pearla M. Tapsley DEATH Jans 20. 19 61	3. NAME OF	First	Middle	Last	4. DATE	Month	De	ay Year
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10. USLAL OCCUPATION (Give kind of work done down dring must of working life, even if retired) None 13. FATHER'S NAME Carroll Rensom 14. MOTHER'S MAIDEN NAME Carroll Rensom 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No. 10 or Number of the following life, even if retired) No Deceased Ever IN U. S. ARMED FORCES? (No. 10 or Number of the following life, even if retired) No Deceased Ever IN U. S. ARMED FORCES? (No. 10 or Number of the following life, even if retired) No Deceased Ever IN U. S. ARMED FORCES? (No. 10 or Number of the following life, even if retired) No Deceased Ever IN U. S. ARMED FORCES? (No. 10 or Number of the following life, even if retired) No Deceased Ever IN U. S. ARMED FORCES? (No. 10 or Number of the following life, even if retired) No Deceased Ever IN U. S. ARMED FORCES? (No. 10 or Number of the following life, even if retired) No Deceased Ever IN U. S. ARMED FORCES? (No. 10 or Number of the following life, even if retired) No Deceased Ever IN U. S. ARMED FORCES? (No. 10 or Number of the following life, even if retired) No Deceased In U. S. ARMED FORCES? (No. 10 or Number of the following life, even if retired) No Deceased In U. S. ARMED FORCES? (No. 10 or Number of the following life, even if retired) No Deceased In U. Or Number of the following life, even if retired the life is the life	Female	White WIDOW	ED DIVORCED	May 25,1877			lonths Doys	Hours Min.
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Time No			SOCIAL SECURITY NO. 17.		-sanerre			
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PART I. DEATH WAS CAUSED BY: HomeDiate Cause (b)		SEATU (E-to- only one cours one li		T.P. T. D. BIII	.000.000	to Trest		
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220. SIGNATURE 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) 221. ADDRESS Sidney J. Venable, Jr 222. PHYSICIAN'S NAME (Type) Sidney J. Venable, Jr 223. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 271. ATTENDING MED. DIRECTOR	21. I certify t	hat (I) (this haspital) attend	ded the deceased fram	Jan 1, death occurred at 6;	58 , ta J 2M, Am the	an. 29,	, 19 61, th	hat (I) (We) last e stated abave.
NAME (Type) Sidney J. Venable, Jr 7215 York Road, Baltimore 12, Md 230. BURIAL, CREMATION, REMOVAL (Specify) 231. NAME OF CEMETERY OR CREMATORY Burial 24. FUNERAL DIRECTOR'S SIGNATURE 230. BURIAL, CREMATION, City, town, or county) (Stote) Burial 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	220. SIGNATURE	July J. Vlen	de/ 4.D.					22b. DATE SIGNED
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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VI.	500				U	Ulay	3.7
7	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan	ere deceased lived. If institution b. COUNTY	Baltimo		sion)
101	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) Kingsville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write R 11e	URAL ond give ne	earest lowr	n)
7	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Belair Rd.	address)	d. STREET ADDRESS				FARM?
1			Belair	Rd.			
	3. NAME OF First DECEASED (Type or print) Christia		Laubach	4. DATE Mon Of DEATH Januar	y ?	26,	Year 19 61
	s. sex 6. color or race 7. Mar Male White Widow		8. DATE OF BIRTH March 28, 18	lost birthdoy)	Months Doys	Hours	Min.
l	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Farming		or fareign country) Co. Md.	12. CITIZEN C	F WHAT C	OUNTRY
Ì	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		11	
Ì	Christian Laul	oach	Mary	Unknown			
I	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Add	ress		
Į	(Yes, no, or unknown) (If yes, give wor or dates of service)	None M	rs. Mildred Gi	rvin-Belair Re	. Kings	ville	, Md.
7,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4000 Conditions, if any, which gove rise Ia immediate cause (o), stoting the under- lying couse last.	acute les	renang o	+ Disease	an or	iset and the state of the state	ren
	PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THETERMI	nal disease condition giv	'EN IN PART 1(a)	19 ()WAS PERFO YES [AUTOPSY ORMED?
		SCRIBE HOW INJURY OCCURR	ED. (Enter noture af injury in l	Port I or Port II of item 1B.)			
	20c. TIME OF INJURY Manth, Doy, Year 20d. While P. m. 19 of wa	Not while fe	LACE OF INJURY (Hame, farm pottory, street, office bldg., etc.)		(County	')	(State
	21. I certify that (I) (this haspital) attens we the deceased alive an Octor 220. SIGNATURE Label H. Ill 22c. PHYSICIAN'S NAME (Type)	1- 0	death accurred at/04	M, fram the causes an		e stated	
	230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Jan. 30. 1961	23c. NAME OF CEMETERY		23d. LOCATION (City, town,	or county)	(Sta	te)
	24, BUNERAL DIRECTOR'S SIGNATURE	ADDRESS 7401 Bell	Pur Role DATE FI	D BY REGISTRAR 256. REGI	STRAR'S SIGNAT	URE	

TO HOSPY. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be tined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.

s after death. Page 4

by the funeral direct

pup

VR A1S (4) 1SM 9/59

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 20 POICAL EXAMINER'S CERTIFICATE OF DEATH

00287

Reg. Dist. No.

D 7 L	A4 A BM A A BM	o. STATE	b. COUNTY D 7
Baltimore b. CITY OR TOWN (If outside corporate limits, write	MARYLAND	Maryla	
and give nearest town)	c. LENGTH OF STAY IN 16		le corporate limits, write RURAL and give nearest town)
Essex (21)		Essex	
d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
59 "D" Seversky (Court	59 "D" Seve	ersky Court YES NO
3. NAME OF First (Type or print) FRANK		Lost 4. DA	ATH January 21. 1967
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IFUNDER TYPEAR IF UNDER 24 HRS
Male White	WIDOWED DIVORCED	March 14, 1888	lost birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work de			
during most of working life, even if retired) Watchman	Bank	Wales	USA
13. FATHER'S NAME	Darin	14. MOTHER'S MAIDEN NAME) USA
2			2
15. WAS DECEASED EVER IN U. S. ARMED FOR	RCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT	Address
(Yes, no, or unknown) (If yes, give war ar dates of se	service)		
Yes WWL WWII		eila Burke 23 Gr	rosvenor Park, Lynn, Mass,
18. CAUSE OF DEATH [Enter only one cous PART I. DEATH WAS CAUSED BY:	se per line tor (o), (b), and (c).	0	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (6)	LOKONARY	OccLusi	c/V
DUE TO	11 - 1		
Conditions, if any, which) (b)	HIPPRIENSIV	e Candia-6	Inscitor Disease
gave rise to immediate cause	1-11		
(a), stating the underlying DUE TO	Call S. St. S. S. Hitchell		
	SITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
15	1-		PERFORMED? YES NO TO
20g. EXTERNAL CAUSE WAS 20b	/ 1 /		I ES NO E
	DESCRIBE HOW INJURY OF TIRRED	Enter pature of injury in Port I or I	Part II of item 18 1
CAUSE OF DEATH.	b. DESCRIBE HOW INJURY OF LIRRED (Ne	'arl II of item 18.)
	r 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 120)	(City or lawn) (County) (State)
	7 20d, INJURY OCCURRED 20e. PLA	Ne	
	r 20d, INJURY OCCURRED 20e. PLA While Not while at work of work	ACE OF INJURY (Home, form, 20f tary, street, affice bldg., etc.)	. (City or lawn) (County) (State)
20c. TIME OF INJURY Month, Doy, Yeor Hour o. m. p. m. 19	r 20d. INJURY OCCURRED 20e. PLA White Not white of work of work at the remains described about	ACE OF INJURY (Home, form, lary, street, affice bldg., etc.)	. (City or lawn) (County) (State)
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 21. I certify that I taok charge	r 20d. INJURY OCCURRED 20e. PLA White Not white of work of work at the remains described about	ACE OF INJURY (Home, form, lary, street, affice bldg., etc.)	. (City or lawn) (County) (State)
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20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 21. I certify that I taok charge opinion death resulted fram: N	r 20d. INJURY OCCURRED 20e. PLA White Not white of work of work at the remains described about	OVE OF INDURY (Home, form, 20f Lary, street, affice bldg., etc.) Ove, held an Autapsy Ove, held an Autapsy M.D. CHIEF MEDICAL EXAMINI	(County) (State) , Inspection , Inquiry and in my cide , Undetermined manner DATE SIGNED
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20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 21. I certify that I taok charge opinion death resulted fram: N ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22c. BURIAL, CREMATION, 22b. DATE THEREOF	af the remains described about	CCE OF INDURY (Home, form, 120f Lary, street, affice bidg., etc.) Deve, held an Autapsy Suicide, Hami M.D. CHIEF MEDICAL EXAMINI ASSISTANT MEDICAL EXAMINI DEPUTY MEDICAL EXAMINI	(County) (State) Inspection , Inquiry and in my cide , Undetermined manner DATE SIGNED CHARGE COUNTY
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 21. I certify that I taok charge opinion death resulted fram: N ACTUAL SIGNATURE EXAMINER'S MAME (Type) ACTUAL SIGNATURE EXAMINER'S MAME (Type)	af the remains described about	CE OF INJURY (Home, form, 20f Lary, street, affice bidg., etc.) Ove, held an Autapsy Note: A street, affice bidg., etc.) Ove, held an Autapsy Note: A street, affice bidg., etc.) Over, held an Autapsy Note: A street, affice bidg., etc.) Note: A street, affice bidg., etc.) Over, held an Autapsy Note: A street, affice bidg., etc.) Note: A street, affice bidg., etc.) Over, held an Autapsy Note: A street, affice bidg., etc.) Note: A street, affice bidg., etc.)	(County) (State) Inspection Manuary and in my cide Manuary Ma
20c. TIME OF INJURY Hour o. m. p. m. 19 21. I certify that I taok charge opinion death resulted fram: N ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL, CREMATION. REMOVAL (Specify) Cremation Jan. 23.	af the remains described about all rates and the remains described about all rates are remained and remained	CE OF INJURY (Home, form, 20f Lary, street, affice bidg., etc.) Ove, held an Autapsy Note: A street, affice bidg., etc.) Ove, held an Autapsy Note: A street, affice bidg., etc.) Over, held an Autapsy Note: A street, affice bidg., etc.) Note: A street, affice bidg., etc.) Over, held an Autapsy Note: A street, affice bidg., etc.) Note: A street, affice bidg., etc.) Over, held an Autapsy Note: A street, affice bidg., etc.) Note: A street, affice bidg., etc.)	(City or lawn) (County) (State) Inspection Manuary and in my cide Manuary Date signed Date signed Date signed Location (City, town, or county) (State) Baltimore, Maryland

TO DEPUT AEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the fuzeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relified for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Size Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. **VS. A15ME** 5M 2/57

OF ENGINEERING HEREING PROPERTY OF THE COMMENTAL OF THE COMMENTAL OF THE COMMENT OF THE COMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT O MAROTCAL EXAMINER'S CERTIFICATE OF DEATH

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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288 CERTIFICATE OF DEATH

CG288

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	PLACE OF DEATH o. COUNTY Baltimor	•	THE HID	MARYLAND	2. USUAL RESID	ENCE (Whe	ere deceosed li	b. COUNTY		ce befor	re odmissi	on)
		outside corporate limits, w	rite c. LENGTH OF	STAY IN 16	c. CITY OR T	OWN (If ou	itside corporot	Upshu e limits, write R		give nea	rest town)	1
	Catonsvill			200	Buckh	hannor						
		AL (If not in hospital, give :	street address)		d. STREET AL			75	-	1	e. IS RESI	DENCE
2	House i	n Pines					- 12	85)	(-3			NO A
1	NAME OF DECEASED (Type or print)	GEORGE I	INGER	Middle	Last		4. DATE OF DEATH	Jan.	њ 9.196	Do	'	eor 9
S.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER	MARRIED	B. DATE OF BIRTH	1	9.	AGE (In years lost birthdoy)	IF UNDER	1 YEAR		
	Male	White w	DOWED 🕅 DIV	VORCED	Aug.2.]	1887		73 yrs.	Months	Doys	Hours	Min.
100	a. USUAL OCCUPATIO during most of worki	N (Give kind of work done ng life, even if retired)	10b. KIND OF BUSIN	NESS OR INDUS			19.18.1	ntry)	12. CITI	ZEN OF	WHATC	OUNTRY?
1	Retired		Far	mer		Corley						
13.	FATHER'S NAME				14. MOTHER'S							
	Abraham					Loui	sa Fl	int				
15. (Ye	s, no, or unknown) (I	IN U. S. ARMED FORCES' If yes, give war or dates of service)		NFORMANT			Add				
	No		232-56-56	73 Her	ry Linge	er,100	6 Sout	hridge	Road.	Cat	onsv	ille
	PART J. DEAT	IH [Enter only one couse IH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1	nd (c).]	of th	e S	Homa	ch		ONS	ET AND	DEATH
	. 51	DUE TO									0	
0	Conditions, if on											-
	gove rise to in couse (o), stoting t											
	lying couse lost.) (c)										
CATION	PART II. OTHI	ER SIGNIFICANT CONDITION	ONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS A PERFOR	RMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	. DESCRIBE HOW INJ	URY OCCURRE	D. (Enter noture of	Finjury in Po	ort I or Port II	of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.		20d. INJURY OCCURR While Not while It work ot work		ACE OF INJURY (Fitory, street, office			fown)	(0	County)	1	(Stote)
	21. I certify the	at I attended the de	ceased fram	Augus	t 1960	, ta	1/9	1961,	that I la	st saw	the de	eceased
	alive an	1/6.	1966 and	that death	accurred at_	941	M. fram th					
		1 1	2.00	mai poam				et, city or town,		duic		SIGNED
	ACTUAL SIGNATURE	rge / la	ille		M.D	42	Snyles	il And			1/9/	61
	PHYSICIAN'S NAME (Type)											
220	BURIAL, CREMATION	N, 22b. DATE THEREOF	22c. NAME O	F CEMETERY O	R CREMATORY		22d. LOCATIO	N (City, town,	or county)		(Stote)
	Burial	1-12-61	Mt	.Carmel		0.00	Buck	hannon.	W Va			
	FUNERAL DIRECTOR'S		ADDRESS			24a. REC'D	BY REGISTRA	R 24b. REGI	STRAR'S SIG			WE
F	.C. Higinbo	thom, Ellicot	t City, Md			DATE JA	11 '61	a	thur S.	That	L/G	
			4									

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			ATTACK TO A PARTY	
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290 CERTIFICATE OF DEATH Reg. Dist. No. directa PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY filed MARYLAND Baltimore County the funeral b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give neorest town) pluods ALTIMORE Wilson, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Mt. Wilson State Hospital DATE OF DEATH NAME OF Middle Day filled DECEASED HOMAG Pages (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS campletely lost birthdoy) Months Dovs DIVORCED [WIDOWED [6 yrs. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during mast of warking life, even if retired) -ABORE pup carbon ofter 3 FATHER'S NAME 14. MOTHER'S MAIDEN NAME FOWLER physician EMMA remove hours WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT Address ottending Hospital Records, Mt. Wilson State Hospital please 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ADVANCED IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate per DUE TO couse (o), stating the underbeen si pub lying cause lost. burial-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY removal certificate has EMPHYSEMA. 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) o. m. While Nat while After this at work at work by the haspital for 60 21. I certify that I attended the deceased fram 19___,that | last saw the deceased and that death accurred at SISP M, from the causes and an the date stated above. alive an DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL Mt. Wilson, Maryland pe prior ed o 3 should registrar PHYSICIAN'S TO FUNERAL Newcomer, M.D., Superintendent NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) 1-25-6 G BURIAL 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) JAN 25 '61 DATE arthur & Kraus 15M 9/5B

after death. Page

24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

year

PERFORMED?

NO X

(Stote)

DATE SIGNED

(Stote)

YES |

ON A FARM?

YES NO

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VR A1S (4) 1SM 9/59

1. PLACE OF DEATH o. COUNTY	imore		MARYL	AND	2. USUAL RESIDE		ere deceased	l lived. If instituti b. COUNTY	on: Residen			sion)
b. CITY OR TOWN (I	f outside carporote lim	its, write	c. LENGTH OF STAY I	N 15			utside carpo	rote limits, write R	2000		-	1)
RURAL ond give ne	allstown		6 months		Pond	allst	OHM					
d. NAME OF HOSPIT	AL (If nat in hospital,	give street			d. STREET A		OWII				e. IS RES	IDENCE
OR INSTITUTION				7.	\$ 3616	Chan	man Ro	a d				FARM?
3. NAME OF	Fi		Middle		las				41			
DECEASED (Type or print)		rst					4. DATE OF DEATH	Mon		Da	,	Yeor
5. SEX	Mary	7	K.		Linz B. DATE OF BIRTH			9. AGE (In years	M	9 LIVEAR		1961
			RIED A NEVER MARRIEI		June 1			lest birthdoy)	Months	Days	Hours	Min.
Female	White	WIDOW	Land .					OI yrs.	100 00			
during mast of work	ing life, even if retired	dane 10b.	KIND OF BUSINESS OR	RINDUS				ountry)	12. C11			OUNTRY
Housew	ife		None			German	-			US.	A	
3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
Gottli	eb Kaiser				Ca	rolin	e Kief	fer				
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		616	Add	ress			
No	in yes, give war or ourse or	iei vice)	None	M:	r. Harry	G. L	inz ,3	616 Chap	man F	Rd . 1	Rand	alla-
18. CAUSE OF DEA	TH [Enter only one co	use per li	e for (o), (b), and (c).		00		1				ERVAL BE	
Conditions, if or gave rise to it couse (o), storing lying cause last. PART II. OTH	the <u>under-</u>		CONTRIBUTING TO DEA	тн вит	NOT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GIV	/EN IN PAR	T 1(a) 1	PERFC	AUTOPSY DRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED). (Enter noture o	f injury in f	Port I or Port	II af item 18.)		18	140	
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye	ar 20d, I While of wor	Not while	20e. PL/ foo	CE OF INJURY (tory, street, office	Home, farm bldg., etc.	, 20f. (City	or town)	{(County)		(Stote)
21. I certify that saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		liea	ler m	that d	ATTENDING PHYS. 22d. ADDRE	G ME	ED. RECTOR	the causes and STAFF PHYS. 1. Balto.	nd on the	e date	stated	dabove. b. DATE SIGNED
23a. BURIAL, CREMATIO			23c. NAME OF CEME	TERY O				ION (City, town,			(5)	10)
REMOVAL (Specify) Burial	Jan. 13				Cemetery	9		altimore.			(Stai	
24. FUNERAL DIRECTOR			ADDRESS 728 Liberty		•	25g, REC'I	D BY REGIST	RAR 255 REGI	STRAR'S SI	GNATU	RE	OG L'A
er wing	Juger		Pandall		wn, Md.	2716						
0	(/											

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00292

	29	2	CERT	IFIC/	ATE OF DE	AIH				Reg. Dis	t. No.		
1. PLACE OF DEATH o. COUNTY	altimore		MAR	YLAND	2. USUAL RESIDENCE O. STATE	ce (Whe		lived. If in b. CO		Residenc	e before	admission)	1
RURAL ond give	(If outside corporate lim nearest town) ISVILLE	its, write	7mth25dys	r IN 16	c. city or tow		tside corpore	ote limits, w	rite RUR	AL ond g	ive neare	st town)	
OR INSTITUTION	ROVE STATE		oddress) SFITAL	9	d. STREET ADDR		on Av	enue				ON A FARA	M?
3. NAME OF DECEASED (Type or print)	Ca the	rine	Middl		Long		4. DATE OF DEATH		Month Jan	uary	Day 10	Year 19 6	1
5. sex female	white	WIDOW		ED 🗌		186	/	P. AGE (In) lost birth	years IF doy) A yrs.		-	UNDER 24	
housewi	ION (Give kind of work orking life, even if retired . 1 @	done 10b.	KIND OF BUSINESS	OR INDU	Ma	aryl	and	untry)		II2. CITI	ZEN OF	WHAT COU	NTRY
	nown John	9.	Sollers			DEN NA	10	the	ren	á 26	me	re-	
15. WAS DECEASED EV (Yes, no, or unknown) unknown	/ER IN U. S. ARMED FOR	(C6S? 16.	unknown	77	ecords: S	PRIN	G GR	OVE	Addres:		SPIT	AL	
Conditions, if gove rise to couse (o), stoling lying couse lost	g the under-	Property Art	neumonia terioscler	otic	cardiovaso						ONSET	VAL BETWEE	TH
20g. ACCIDENT V	THER SIGNIFICANT CON				NOT RELATED TO THE					IN PART		WAS AUTO)?
OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU Hour o. m. p. m.	10	or 20d. II While of wor		20e. PL	ACE OF INJURY (Home tory, street, office bld	e, form, g., etc.)	20f. (City	or town)		(Co	ounty)	(5)	itote)
21. I certify to alive an	that I attended the Jan. 10	deceas , 1901		t death	, 19.60 , to occurred at 12 :	:00a	M, from DDRESS (Street	the caus	ses and	d an th	ast saw e date	the dece stated at DATE SI 1-10	bavi IGNE
	Stella Wach					nsvi	lle 2	B. Mar	yla	nd		,	
220. BURIAL, CREMATI REMOVAL (Specify	1 Jan. 12	1196	Solomon	S Car	R CREMATORY Con	1,	Solon	novo	C	chri	fa,	(Stote)	0
23. FUNERAL DIRECTO	R'S SIGNATURE	V Zer	ADDRESS .	luc	P. Tuesto		BY REGISTR			AR'S SIGI			

TO HOSPIT TO FUNER VS A15 (4) 15M 10/57

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egs, of Selector (pull),	ent UNT Confidence			

NAME OF STREET OF STREET

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74	3		CED	TIEIC	ATE	OFF	YEA!	TLI			

293 CERTIFICA	AND RECORDS — BALTIMORE 1, MARYLAND ATE OF DEATH
1. PLACE OF DEATH a. COUNTY BALTINORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY BALT. MCKE
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) ARBUTUS C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ARBUTUS
d. NAME OF HOSPITAL (If nat in hospital, give street oddress) OR INSTITUTION 51/2 LEELS AUG	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) 14 REDERICK	Last 4. DATE Month Day Year DEATH SANYARY 9 196/
S. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH SEPTH 1885 9. AGE (In years lost birthday) 75 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane of the during most of working life, even if retired) PESTAMANT COUNTRY FOOD DISPENSING ISPENSING TO THE STAME	Maril 11 CA
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give var or dates of service) (You no not unknown) (If yes, give var or dates of service) (You no not not not not not not not not not	NFORMANT Address RS. GRACE LYTZ 5-112 LEE ds AUE.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under lying cause lost. (b) DUE TO (c)	rotic hypertensive CVD ? yrs.
Osteo arthritis, sp	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PLACE PLACE PED. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the p. m. 19 work at work 20d. INJURY OCCURRED for the p. m. 19 of work at work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. M. 19 of work 20d. INJURY OCCURRED for the p. M. 19 of work 20d. INJURY OCCURRED for the p. M. 19 of work 20d. INJURY OCCURR	LACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State actory, street, office bldg., etc.)
22a. SIGNATURE	death accurred of St. M, from the causes and on the date stated above. ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS. D
22c. PHYSICIAN'S NAME (Type) Herdert J. Levicka.	s 5305 East Drive Balto-27, 1
	AWN WoodLAWN Md.
24. FUNERAL DIRECTOR'S SIGNATURE PUNCARL Home DDRESS EDO. L. SCHWAL TUNERAL Home Bound and Francis W. Miller 2101 Frederick an	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE AN 1 1 161

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VS. AISME(S) SM 9/55

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission or your files. Page . COUNT e. STATE b. COUNTY is necessary, MARYLAND b. CITY OR TOWN if sutside corporate limits, write BURAL and give neerest town) c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside/korporete limits, write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in fospitel, give street address for Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B YES NO I NAME OF First Middle DATE Month Yeer DECEASED OF 3 to the the (Type or print) DEATH 19 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH AGE In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with age 5 may 1 and 2 wi 72 hours lest Kirthday) and Months Devs Hours Min. WIDOWED DIVORCED 24 hours after 2 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLAGE (State or foreign country) Give Pages 1, 2, 12. CITIZEN WHAT COUNTRY? done during most of working life, even if retired) File pages | 13. FATHER'S NAMI 14. MOTHER'S MALDEN NAME be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMA (Yes, no, or unkown) (Ifyes give werge dates of service) permit. with In Item 1 (b), and (c). 18. CAUSE OF DEATH [Enter only one cause per line for (0) INTERVAL BETWEEN transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY pencil IMMEDIATE CAUSE (e) Office oval. DUE TO burialcertificate should .5 Conditions, if eny, which "pending" Examiner's (geve rise to immediate cause DUE TO (e), steting the underlying o cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? the word 8 NO Medical YES plnods 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING Y MEDICAL EXAMINER: CAUSE OF DEATH. writing Chief 2Dc. TIME OF INJURY Month, Dey, Yeer_ 2Dd. INJURY OCCURRED 1-20e. PLACE OF INJURY (Home, form, + 20f. (City or town) (County) (State) 956 fectory, street, office bldg., etc.) 9 Not While While Hour e.m. the S et work et work 19 Cocute the certificate, prior OR: 9 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion should be forwarded FUNERAL DIRECT death resulted from Undetermined manner Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** plnods NAME (Type) Address (Street, city, town, or county) DE 9989 220/ BURIAL, CREMATION, 226. DATE THEREO! NAME-OF CEMETERY OR CREMATORY 22c. 22d. LOCATION (City, town, or country REMOVAL (Specify) 0 40 6 ā MERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATE JAN 2 3 '61 Orthog & Heres

AND STATE DEPARTMENT OF HEALTH

TANK OF THE PROPERTY OF THE PR d within 24 hours after a attending physician and complexity filled in by the funeral Then please remove carbon papers. Pages 1 and 2 should and in any event, within 72 hours after death. TO HOW ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executedeath.

JO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complex director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pape be filed with the State Dept. of Health prior to burial, cremation, or representation and event, within 72

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

296 CERTIFICATE OF DEATH

PARE OF DEATH COUNTY Baltimore MARYLAND Baltimore MARYLAND Baltimore MARYLAND Baltimore MARYLAND Baltimore S. STATE MaryLand B. COUNTY Baltimore C. LENGTH OF STAY IN 16 Windle RUBAL C. LENGTH OF STAY IN 16 Windle RUBAL C. LENGTH OF STAY IN 16 C. LIFLOTH OF STAY IN 16 C. LIF	1	296 CERTIFICAT	E OF DEATH	0.0298
Baltimore CITY OR TOWN (If behilds compared limit, while BURAL and give nearest lown) Parkville d. NAME OF HOSPITALO OR INSTITUTION If not in hospital, give street address) 3. NAME OF PRAS O HILLWAY 4. DATE OF BRITA BOTH OF BUSINESS OR BRUSSEY II SURVEY AND IN MORNING DAYS II SURVEY OF OR MAS OF SAME OF MORNING COUNTRY II SURVEY OR	/[7			sidence before admission)
with BURNA and give nestest Jown Anticol Parkville d. NAME OF HOSPITAL OR INSTITUTION (if not in haspite), give street address) 7830 Hillsway 3. NAME OF OF HOSPITAL OR INSTITUTION (if not in haspite), give street address) 7830 Hillsway 1. AND OF THE JOHN OF THE JO		Baltimana	. STATE Mary Land b. COUNTY Ba	ltimore
Continue			c. CITY OR TOWN (If outside corporete limits, write RURAL and	give neerest lown)
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21. I certify that (I) (this hospital) attended the deceased from the deceased from the deceased alive on	100	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PL Hour e.m. While Not While		(Stata)
saw the deceased alive on 19.6.1., and that death occured at 1.2.M, from the causes and on the date stated above. 22e. SIGNATURE Liberary ATTENDING PHYS. DIRECTOR PHYS. 22b. DATE SIGNED PHYS. 22c. PHYSICIAN'S NAME (Type) 23d. ADDRESS TO N Charles St Balta process Physician (City, town or county) REMOVAL (Specify) 1/4/1961 Holy (ross (emetery Baltimore AA. (o. Md.)	1	p.m. 19 at work al work		
226. SIGNATURE Color Farcish ATTENDING MED. STAFF SIGNED	L	21. I certify that (I) (this hospital) attended the deceased from	Allew Let / 1960, 10 from 1, 196	that (I) (we) last
22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1/4/1961 ATTENDING MED. DIRECTOR STAFF PHYS. DIRECTOR D	ı		at death occured at A.A.M., from the causes and on the	
22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 700 N Charles of Balto I proceed to the process of th		220. SIGNATURE		
NAME (Type) 236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 1/4/1961 Holy (ross (emetery Baltimore A.A. Co. Md.				112161
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REMOVAL (Specify) 1/4/1961 Holy (ross (emetery Baltimore A.A. (o. Md.	110	SUBJECT CREMATION 225 DATE THEREOF 122 NAME OF CONSTROY	OR CREMATORY 1234 LOCATION (City town or control	(State)
	1		C , D 11 A A	Co Md
1 TOTAL DIRECTOR & SIGNATURE	-	DUTTOL 1/4/1401 MOLY CROS		GNATURE
Leonard J. Ruck 5305 Harford Road #14 DATE JAN 4 '61 Colling S. Thomas	1	1001 1111111	1 11 4 . 1	Trave

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FOR STATE

HEALTH DEPT TO DE. Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after-death. If a play is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1/2, and 3 to the when a firector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 3 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hour after death.

VS. A15ME 5M 7/59

STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00297

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a. STATE b. COUNTY
Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	New York
write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest lown)
rural - Belair	Chemplain
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
1000h Lodge Road	BOX 32), ON A FARM?
3. NAME OF First Middle	Box 324 YES NO No Last 4. DATE Month Dey Yeer
DECEASED (Type or print) CEODOR	OF
GEORGE HAMILTON MC	CREA January 2 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Isst birthday) Months Days Hours Min
Male White WIDOWED DIVORCED .	3/29/83 The last Dirthday Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Customs Officer U,5, Gout.	A L NV MEA
13. FATHER'S NAME	14. MOTHER'S MAIGEN NAME
C S MGO	14. MOTHER'S MAIGEN NAME
creorgeo. 17 Crea	- Hamilton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yas, no, or unkown) (Ifyesgiva war or detes of service)	INFORMANT Address
No - None M	R.G.H. MCCKea 10004 Lodge Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriesclerotic he	eart disease
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Conditions, if any, which (b)	
gava rise to immediate cause	
(a), stating the underlying DUE TO	
cause lest. (c)	
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	YES TO NO
	Enter nature of Injury in Part I or Part II of item 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
20c, TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
Hour a.m. Whila Not Whila fact	lory, street, office bldg., atc.)
p.m. 19 at work at work	
21. I certify that I took charge of the remains described above, he	ald an Autopsy X. Inspection . Inquiry . and in my opinion
death resulted from: Natural causes X. Accident . Suic	ide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL () () () ()	
SIGNATURE (Chelles . Cetty ,	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
EXAMINER'S Change of Dath	DEPUTY MEDICAL EXAMINER 1/2/61
NAME (Type) Charles S. Petty	Address (Streat, city, town, or county)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, lown, or country) (State)
Burial 1-5-61 Glenword G	m. Champlain New York
23. FUNKAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Tarschen Funil Long 7401 Ochin	Col DATE JAN 4 '61 arthur S. Kraus
Xucatal Vian a Doug 11 1 1 1000	DATE JAN 4 '61 Cithur S. Thank

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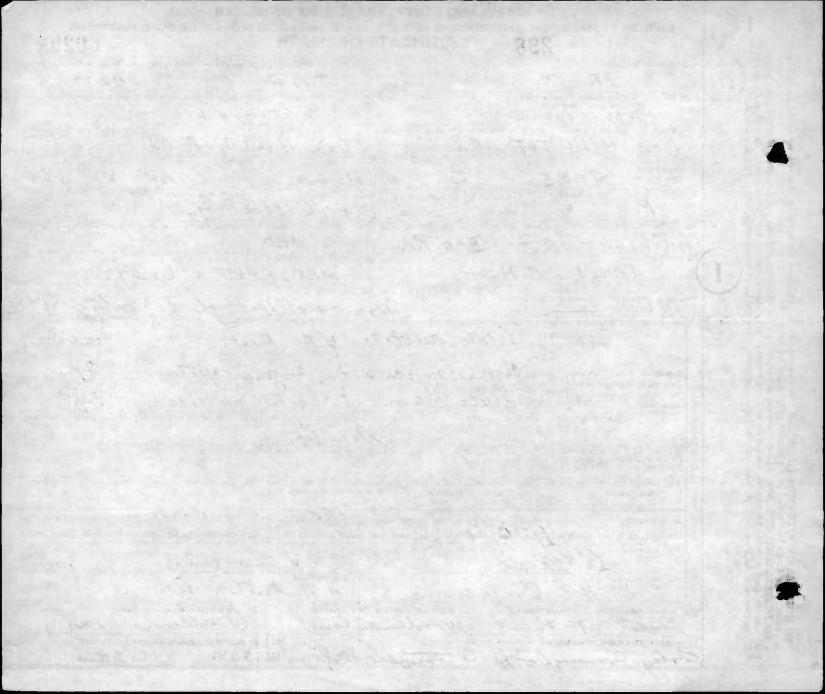
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 298

· M	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whara dacaasad livad, If institution: Rasidance before edmission)
	o. COUNTY BALTO. MARYLAND	a. STATE M D. b. COUNTY BALTO
/	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end giva nearast town)
1	CATONSVILLE	X CATONSVILLE
X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva straat address)	d. STREET ADDRESS a. IS RESIDENCE
	603 HILL TOP Rd.	603 HILLTOP RA. YES NO
	3. NAME OF First Middla	Last 4. DATE Month Day Year OF
	(Type or print) JAMES J. M	CHUCH DEATH JAN. 22 1961
90	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED	Oct. 26, 1886 Tithday Months Days Hours Min.
	1Da. USUAL OCCUPATION (Give kind of work dona during most of working life, even if ratirad)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	MACHINIST RET BYER.	MD.
_	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ι) JAMES MeHUGH	MARCARET CODY
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	Yes, no, or unkown) (Ifyasgivawarordatesofservice)	to Jomes J. Me Hugh - 603 Hillians (8)
	1B. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Wente delatate	an of the light: ONSET AND DEATH
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	(6)	
0	-	A PERFORMED?
	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURE	D. (Enter natura of Injury in Part I or Part II of item 18.)
	OR CONTRIBUTING CALE OF DEATH OR CONTRIBUTING CALE EXAMINER)	D. (Line) native of injury in ran I of ran II of fidin 10.)
	3 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Da. PL	ACE OF INJURY (Homa, farm, ' 2Df. (City or town) (County) (Stata) ctory, streat, office bldg., atc.)
	Hour a.m. 19 at work at work	tiory, shear, office diag., arc.)
	21. I certify that (I) (this hospital) attended the deceased from	1957, 19, to 1/22/6/, 19, that (I) (we) last
	0/-2 6/27 0	at death occured at .730 M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE
	Mealas	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. SIGNED
1	22c. PHYSICIAN'S NAME (Typa) $Q \leq C$	22d. ADDRESS
	MAINE (1900) A G CA IAS	4 // feellen Wir.
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)
)	REMOVAL (Specify) 1-26-61 Woodlaw	n Cem. Woodlawn Mel.
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
11	Tipley - Cevaning to J. H Catonwill	PAG. DATE JAN 30'61 Orthur S. Kraus

TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Let a may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

299 CERTIFICATE OF DEATH

C0299

b. CITY OR TOWN (if outline compensel limits, write RURAL and give nesersat town) b. CITY OR TOWN (if outline compensel limits, write RURAL and give nesersat town) write RURAL and give nesersat town) d. ALARE OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 718 Hickory Lot Road 2. INABE OF BECERFED (Type or pinn) M. W. MORAN MORAN	B		. COUNTY	e. STATE AA / 1 b. COUNTY A	before admission/
Write RURAL 9 and give present town Ampton A	7		Baltimore MARYLAND	Maryland Baltin	nore
a. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 7.18 Hickory Lot Road 3. NAME OF DECEMBED 1. NAME OF DE	,	ь	write RURAL and give neerest town)	V 11	erest town)
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3. NAME OF DECEASED (Type or print) Mr. W. Moran Moran C. Kinless 5. SEX S. COLOR OR RACE 7. MARRIED MEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) IF (MODER YEAR IF UNDER 24 MES. TOP: USUAL OCCURRING (Give kind of work) with the window of works (in the year) If the work of the work of the work of the year) If the work of the work of the year of year of the year of year of the year of the year of year of the year of year			- 0 11· 1 · 1 · 1	718 11: 1 1 . 1 . 1	
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13. FATHER'S NAME HAVY MC KILLESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [Myes pivewer or deless of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). Mus. Mildred Mc Kinless 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). Mus. Mildred Mc Kinless 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). Mus. Mildred Mc Kinless 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). Mus. Mildred Mc Kinless 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). Mus. Mildred Mc Kinless 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). Mus. Mildred Mc Kinless 19. Cause Of DEATH [Enter only one couse per line for (e), (b), end (c). Mus. Mildred Mc Kinless 19. Cause Of DEATH [Enter only one couse per line for (e), (b), end (c). Mus. Mildred Mc Kinless 19. Cause Of DEATH [Enter only one couse per line for (e), (b), end (c). Mus. Mildred Mc Kinless 20. ACCIDENT WAS UNDERLYING [I) [I) [I]			Advanta	Baltimore. Maryland US	7
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S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address			Harry Mc Kinless	Sadie Hogan	
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22c. PHYSICIAN'S NAME (Type) ROBERT E. ENSOR 22d. ADDRESS 421 (HASTINGS R) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1/4/61 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23d. LOCATION (City, town or county) 24 FUNERAL DIRECTOR'S SIGNATURE 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			Las Le masor M		7-60 SIGNED
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stote) Burial 1/4/61 Moreland Memorial Park Baltimore, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR'S SIGNATURE			22c. PHYSICIAN'S	A	
REMOYAL (Specify) 1/4/61 Moreland Memorial Park Butial 1/4/61 Moreland Memorial Park Baltimore, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			NAME (Type) KOBERT E. ENSOR	CZIHASTINGS NO	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES		23e	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE			REMOVAL (Specify)	emorial Park Baltimore. Mar	ryland
		24			IRE
	;			d #14 DATEJAN 5 '61 Chilun & Kroun	

76 Vistary Lot voge To rickow Los hoad This is thought the Nieleds of the yanday factories 1 Mar. 25, 1404 56 50 actic micta severious, income 35 01 3655 Haves the Nielless Ness. Mélénea me ninésas 🖘 Transmit make many higher his I the water with the same in the sail Buch is all the second with the second to the second the second to PASS CONTRACTOR OF THE PASS CONTRACTOR a lease of the season is a state of the Varial 1/4/01 herelase homorial Paper Ballinons, humarana Leonard, with Jay, in our rouse 14

TO DEPLYN MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the prificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral degree of should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your forwards. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, ar removal. VS. A15ME(5)

5M 9/55

	MEDICA	L EXAMINER'S	CERTIFICA	TE OF DEATH	Reg. Dist. No	00300
1.	PLACE OF DEATH, BALTIMORE	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If Instit		
	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	outside corporate limits, write		
	H. NAME OF HOSPITAL OR INSTITUTION (IF not in hosp 429 S. TAYLOR AL		d. STREET ADDRESS 14295.	TAYLOR A	PUE	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED HARRY ROBER		AHAN	4. DATE OF DEATH JAN.	19-Day	Year 196/
5. :	MALE WHITE WIDOWED	DIVORCED	DATE OF BIRTH	905 9. AGE (in years lost birthday) 5.6 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
1		NO OF BUSINESS OR INDUST		ar foreign country)	12. CITIZEN OF	S, A,
1		ANAHAN	14. MOTHER'S MAIDEN N			
IS.	no, or unknown) (If yes, give wer or dates of service)	4-01-5122 V	IGLA MICL	ANAHAH (S.	AME AS	ABOVE
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	or/(o), (b), and (c).]	1 00	e LUSION	INTER	VAL BETWEEN T AND DEATH
	Conditions, if any, which gove rise to immediate cause OUE TO		/		7	
7	couse last. (c)					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NIRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIV		PERFORMED?
	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED. (E	nter noture of injury in Por	t I or Port II of item 18.)		Ballin
MEDICAL	Hour a.m. While	Not while focto	E OF INJURY (Home, farm ry, street, affice bldg., etc.	20f. (City or town)	(Caunty)	(Stote)
	21. I certify that I took charge of the redeath resulted from: Notural causes	. /	ve, held on Autops ide , Homicide		-	ond find that
	ACTUAL SIGNATURE	ur	_M.D. CHIEF MEDICAL EX		, /	DATE SIGNED
	EXAMINER'S M.B.DA	vis Mi	ASSISTANT MEDICAL		1/43	16,
L	Durist 1-23-61	BALTO C	EMETERY	BALTO	. ML	(State)
23.	m G. Commelly 418 East	tim Blod Bas	10001		ISTRAR'S SIGNATUR	

MARYLAND STATE DEPARTMENT OF HEALTH_RALTIMODE 18

Middle Ellin		T EXAMINERS OF	
	A VIII A VIII CON CONTRACTOR		
			A Commence of the commence of
A VISITE OF THE PARTY.			

AND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission) aral director. Page ad for your files. e Board of Health, a. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and giva neerest town) MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a state the tertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the marked downwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board and Ament, prior to burial, cremation, or removal, and in any event within 72 hours after death. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRES . IS RESIDENCE ON A FARM NO Avenue NAME OF Month OF (Type or print) DEATH HERRERT 1961 January 5. SEX 6. COLOR OR RACE! DATE OF BIRTH AGE (Invyeers IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED last bighdey) Months Male WIDOWED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF BIRTHPLACE State or foreign country WHAT COUNTRY? done during most of working life, even if retirad) 0 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no. or unkown) | (Ifvesq | vawer or datas of service) 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), end (c).] ONSET AND DEATH IMMEDIATE CAUSE (e) Subarachnoid hemorrhage rupture of aneurysm of circle of Willis Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word X YES NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho CAUSE OF DEATH. 20a, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, offica bldg., atc.) Not Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry and in my opinion death resulted from: Natural causes X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER T DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 1/23/61 EXAMINER'S Bradley King Jr., plnods NAME (Type) Address (Streat, city, town, or county) please 4 shoul 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAK (Specify) o 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME 5M 7/59 arting S. Frans

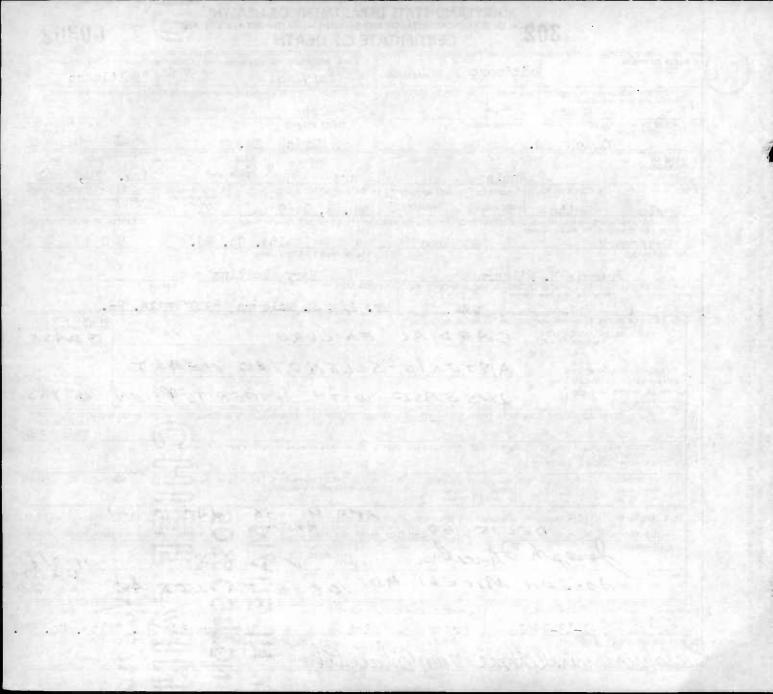
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 30 M STORY OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00302

1. PLACE OF DEATH o. COUNTY	Ba	ltimo	re MARYLAN		USUAL RESIDENCE (Who state Maryland		l lived. If instituti b. COUNTY		before odmi	ssion)
b. CITY OR TOWN (If outsi RURAL and give neorest	de corporote limi town) Chase	ts, write	c. LENGTH OF STAY IN	1b ×	c. CITY OR TOWN (IF o	utside corpor	rate limits, write F	RURAL and give	e nearest tow	n)
d. NAME OF HOSPITAL (IF OR INSTITUTION		ive street	address)		d. STREET ADDRESS	Rd.			ON	SIDENCE A FARM?
3. NAME OF	Fir	-4	Middle		Last	4. DATE	Mor	- al-		Year
DECEASED (Type or print)		Annie		Milb		OF DEATH	Mor	Jan.		1961
	OLOR OR RACE	7. MARR	DIVORCED	-	ATE OF BIRTH		 AGE (In years last birthday) yrs. 		YEAR IF UND	_
10a. USUAL OCCUPATION (G	ve kind of work	done 10b.	KIND OF BUSINESS OR II			or foreign co		12. CITIZE	N OF WHAT	COUNTRY?
during most of working life Housework	e, even if retired)	At Home			o. Co.	Md	U	SA	
13. FATHER'S NAME				14	. MOTHER'S MAIDEN N	IAME				
Franc	cis H. M	ilbur	n		Mary	Rollin	ns			
15. WAS DECEASED EVER IN L		CES? 16.		17. INFOR	MANT		Add	lress		
No.	give war or dates or s	ervice)	None	Mr.	John F. Mil	burn	8923 Ph	ila. Ro	1.	
18. CAUSE OF DEATH	Enter anly one co	use per li							INTERVAL B	
PART I. DEATH W		C	ARDIAC	1	AILURE			344	ONSET ANI	AY5
420 0	EDIATE CAUSE (a	1	3.1						0 22	4 / 0
10103	O DUE TO	Ar	RTERIO.	- 01	ILBUT	de	NOO	OT		
Conditions, if ony, w	intel		CILICIO	3 2	LEMUI		11417	/ /		
couse (o), stoting the us	DIE TO	7	ISEASE	***	171 N.	VIOIS	DTI-NI	ciani	11-	YRS
lying cause lost.) (c									
PART II. OTHER SIGN OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	GNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	NAL DISEASI	E CONDITION GI	VEN IN PART 1	PERF	ORMED?
200. ACCIDENT WAS UN OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	URRED. (E	nter noture of injury in I	Part I or Port	III of item 18.)	1000		
20c. TIME OF INJURY M. Haur a. m. p. m.	anth, Doy, Ye	ar 20d. II While at war	Nat while	e. PLACE factory,	OF INJURY (Home, farm street, office bldg., etc.	20f. (City	or town)	(Ca	unty)	(Stote)
21. I certify that (I)	(this haspital) attend	led the deceased fro 5 1960 and th	m. 41	P. 9 19	56, ta_	DANI	0,196,	, that (I)	(we) last
22a, SIGNATURE	live an D		and th	at deat	h accurred at	_M, fram	the causes at	nd an the a		a abave. 2b DATE
20. SIGNATURE	saph	de	weels	M.D.	ATTENDING MI	ED. RECTOR	STAFF PHYS.		- 1/1	SIGNED
22c. PHYSICIAN'S NAME (Type)	SEPH	N	lice 41 A	4.D.	22d. ADDRESS S.	TA	7204	RAVE	- 10	14
23a. BURIAL, CREMATION, 2: REMOVAL (Specify) Burial	1-13-196		23c. NAME OF CEMETER Orems Met				non (City, town, mers Run		(Sto	
24. SUNERAL DIRECTOR'S SIG			ADDRESS	MOGIE		D BY REGIST		ISTRAR'S SIGN		00 IVI
Torrolly Fin	perale	Hom	e 7401 B	Uni	PA DATE	JAN 1 6	104	arthur S.		



0 1 2	A	1	MARYLAND ST		MENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND
T T T	A)	6	2) 303 CERT		DEATH CO303
noul	1	1	LACE OF DEATH	2. US	JSUAL RESIDENCE (Where decessed fived, If institution: Residence before edmission)
12 st	A		D - 7 4 1 m - m -	MARYLAND 8. S	. STATE 1 . Florida b. COUNTY
by #			o. CITY OR TOWN (if outside corporate limits, write RURAL end give geerest town)	OF STAY IN 1b c.	:. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
- m				P	PANNY Lake Wales, Mt. Lake
Filled is Pages tours after	090	M	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streer VIIIa, 6400 Bellona Ave		STREET ADDRESS SALE N / HALLE NOW + STREST NOW YES NOW
papers n 72 h			DECEASED	ddle	Last 4. DATE Month Day Year OF
omple pa r			(Type or print) Mary E.	Mille	
witin			SEX 6. COLOR OR RACE 7. MARRIED NEVER		E OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
a ca ent,			and the same of th	ORCED July	
physicia e remove any ev		do	e during most of working life, even if refired) OWn Ho		BETHELACE (County & State, or foreign country) Bridgewater Bridgewater USA USA
physis rem	/		FATHER'S NAME	7	MOTHER'S MAIDEN NAME
P 88 /	T		Hosper	S. 8 - C. L.	Unknown
end and			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 17. INFORM	RMANT Address
The The oval		(Ye	(If yes give wer or detes of service)	Mitche	ell H.Miller, M.D., 815 W. Lake Ave
nit.			18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b)		INTERVAL BETWEEN ONSET AND DEATH
or or			PART I. DEATH WAS CAUSED BY: **IMMEDIATE CAUSE (*)	Les can	cenoma of colon 8 mos
gne isit ion,			153, 2 DUE TO		(
trar			Conditions, if eny, which (b) Carcino	ma Ds	riguroid colon, ruested 3 yrs.
urial cre		1	geve rise to immediate cause (e), stating the underlying DUE TO \(\omega_i\) 195	7. 8	4
has e bu			ceuse lest. (c)		
s th		NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
se se or t	0	ICA1			YES NO
or u	V	CERTIFICATION	20e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IJURY OCCURED. (Enter n	r neture of injury in Pert I or Pert II of item 18.)
ed f		ICAL C	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU	PPED 200 PLACE OF I	INJURY (Home, ferm, 1 2Df. (City or town) (County) (State)
Afte tach		MEDIC,	Hour e.m. While Not While	e fectory, stree	eet, office bldg., etc.)
B. del		W	p.m. 19 et work et work		100 2 5 10 (a) 1 30 10 1 1 10 () 1
O P					h occurred at 11.1 from the causes and on the date stated above
REC noul			22e. SIGNATURE	, and that death	n occurred atta.e.f., from the causes and on the date stated above
3 st	- 1		NANO WLOSOL		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. SIGNED
Page with t			22c. PHYSICIAN'S	220	224 ADDRESS
Wi Wi			NAME (Type)KLINEFELTER, H.	F, YR.	1101 N.CALVERTST., BALTO-2, M.
FUNERAL irector, page e filed with t		230		OF CEMETERY OR CREA	EMATORY 23d. LOCATION (City, town or county) (State)
A dio c	N.		REMOVAL (Specify) Burial Jan. 23/61 Drui	d Ridge	Pikesville 8.Md
R A15 (4)	al	24	FUNERAL DIRECTOR'S SIGNATURE ADDR		250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60	12;	M	itzke F.D. 4101 Edmondson Av	е.	DATE JAN 2 4 '61
		-			Collan S. Thous

evaluation to the contract of Wayta mit the first the fi a sear the court the season success , , , , The state of the cause weeks by their a rolly mile to be the continued to a till war of the continued of the Harry State of the VI SESSION WERTHERETTER, HIT, SA, WET THE SEPERT STILLED TO ME TO ME The second of th Partie d. n. 8101 School Ges Ite. Street AND THE RESERVE OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

0.0304

					00003
1. F	PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE	b. COUNTY	ence befare admission)
ŀ	D. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	d give nearest tawn)
	CATUNSU: LE	2 WEEKS	BALTI	4000	3 VO1.4
i. N	AME OF HOSPITAL (If not in hospital, give street R INSTITUTION		d. STREET ADDRESS	2	e. IS RESIDENCE ON A FARM?
1	ouse in the tin	53	308 0	SAYSON S	YES NO
	JAME OF First DECEASED Type or print) PAR	Middle	M. I CE DI	FATH 1	Day Year 196
E)	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		ER TYEAR FUNDER 24 HR
	TEMPLE white WIDOW	ED DIVORCED	SEPT. 22. 188	9 Tyrs. Manths	Days Hours Min.
	. USUAL OCCUPATION (Give kind of work dane 10b. during mast of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fare	ign country) 12. C	ITIZEN OF WHAT COUNTRY
		DOMESTIC	MARYLA	nd 6	1.S.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	I HOMAS KER	PRNS	CATHER	INE MORI	7 N
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1. no. or ynknown) 1 (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IF	NFORMANT	Address	
	NO NONE	NONE M	2. WM. MILLER	308 S. P.	AUSON ST
1	1B. CAUSE OF DEATH [Enter only one cause per li	ine far (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rendual De	con- Seresalies		2 10/3
ı	422.1 DUE TO				
	Conditions, if any, which) (b)	undered and	misselerosio		1037
	gave rise to immediate DUE TO				0
	lying cause last.				
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPS
	Dicheles Mall	Tres			PERFORMED?
	ic with the second	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I c	or Part II of item 18.)	
ı	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f.	(City ar town)	(Caunty) (State
	Hour a.m. While at wa	Nat while	ctory, street, office bldg., etc.)		
	21. I certify that (I) (this haspital) attend		8-5- 1960,	to 1-221 19	() that (1) (
1	saw the deceased alive an		leath accurred at TOM, f		62, that (I) (we) la
	220. SIGNATURE	e rand mar c	ream accorred are regard, r	ram the causes and an i	22b. DATE
	- Man K. Teller	10	M.D. PHYS. MED.	R STAFF	SIGNE
	22c. PHYSICIAN'S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22d. ADDRESS	K C FRIS. C	1 4 6 6)
	NAME (Type) Wilburer K. Ga	11ager. M.D.	6209 Frederic	far Balle	28. Des
3a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY 23d. I	LOCATION (City, town, ar county	(Stote)
1	BYRIAL 1-28-61	NEWCATI	redant T	BALT IMORE	Md
24.	FUNERAL DIRECTOR'S SIGNATURE	HOADDRESS	2Sa. REC'D BY R	REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
1	Esoil Schunb funegal	Flushing (DATE JAN	3 0 '61 Chrisma	S. House
-41			BORES .		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be and by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 hours ofter death.

VR A1S (4) 1SM 9/S9

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TO HOST AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The law be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

DIVISION

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(0305)

1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE As b. COUNTY Country
	Baltimore MARYLAND	a. STATE Maryland b. COUNTY Baltimore
1	b. CITY OR TOWN (if outside corporete limits, write RURAL end eive neeres) town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	Verlea	Overlea
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE
2	4902 Hazelwood Avenue	11002 Hazalwood Avanua YES NO J
	3. NAME OF First Middle	Less DATE Month Dey Year
	(Type or print) Ma	Millen DEATH January 2nd 19 61
	5. SEX 6. COLOR OR RACE 7. MADDIED 3 NEVED MADDIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	/ MAKKED DEVEN MAKKED	last birthdey) Months Days Hours Min.
	male white WIDOWED DIVORCED H	Y 91. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dona during most of working life, even if retired)	O 1
	Iruck Driver	Baltimore, Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NÂME
	Henry Miller	Margaret
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
	215-09-0110	Mrs. Hilda B. Miller same
	18. CAUSE OF DEATH [Enter only one couse for line for (a), (b), end (c).)	INTERVAL BETWEEN ONSET AND DEATH
10	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	promboses 4M
	420 DUE TO A	- attanda in 7tu
	Conditions, if eny, which) (b) Coronary atle	ry almerosclerous, 5 yo
	geve rise to immediate cause	-10
	(a), steling the underlying cause lest.	Hereoscleoses
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	OIL INC.	PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of item 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL DEATH)	
		CE OF INILIRY (Home, farm, 20f. (City optown) (County) (Steta)
	Hour a.m. While Not While fact	ory effect, office bldg., etc.)
	p.m. 19 et work et work	aug 55 February
	21. I certify that (I) (this hospital) attended the deceased from	// /40 /
	saw the deceased give on 9, and that	
	SIGNATURE WILLIAM STATE OF THE	ATTENDING MED. STAFF 22b. DATE SIGNED
+		D. PHYS. DIRECTOR PHYS.
	PASSICIAN'S NAME (Type) A Tranh T K	22d. ADDIESS
	Dit. Thank I. Nasce	9005 Harford Road #14
	230 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
	1-6-61 MORE/B	IND PARK BALLO -MY
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Leonard J. Ruck 5305 Harford Road	DATESAN 4 '61 Orthun d. Ptraus

WEALCO. 4902 Sidge-busined encenture to the section of the section of the time. million Juniory and 12 The Market All solving Hamiling of -or-oifu mose, rielda v. midlen server of the land of the land of in Jame I. wases 11年12年11月1日 TO BOAL we was a supplied to the contract of the contr

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 306

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Baltimore	2	MARYLAN	o STATE	Maryla		lived. If instituti b. COUNTY		before odm	ission)
b. CITY OR TOWN (IF RURAL ond give nee			c. LENGTH OF STAY IN 1	b c. CITY C	Kingsv		ote limits, write R	URAL and gi	ve nearest to	wn)
d. NAME OF HOSPITA OR INSTITUTION Cha	At (If not in hospital, gapman Rd.	ive street (oddress)	d. STREE	Chapma				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Al f	red	Middle Husde	Mirasso	Lost	4. DATE OF DEATH	Jan Jan		Day 2-2	Year 19.61
5. SEX			IED X NEVER MARRIED			19	9. AGE (In years	IF UNDER 1	YEAR IF UN	
Male	White	WIDOWE			3. 1890		fost birthday) 70 yrs.	Months [Days Hour	s Min.
100. USUAL OCCUPATIO during most of worki Farmer-	N (Give kind of working life, even if retired -Retired	done 10b.	KIND OF BUSINESS OR IN Farming	IDUSTRY 11. BIRTI	Franc	or foreign co			S A	AT COUNTRY
3. FATHER'S NAME				14. MOTHE	R'S MAIDEN N					
	Mirassou				I	ouise	Unknown			
15. WAS DECEASED EVER (Yes, no. or unknown)	IN U. S. ARMED FOR If yes, give wor or dates of s	ervice)		7. INFORMANT Mrs. Mar:	ie Mira	assou C	hapman l		ngsvil	le, Md
Conditions, if on gove rise to in couse (o), stoting t	mediate (5	ar com 2 Syrvame	righ	t fe	الم من	Esop	42645	5.	7r/. + 7r/. +
САТ			ONTREBUTING TO DEATH		36-2			EN TH PART	PERI	S AUTOPSY FORMED?
	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Ye		NJURY OCCURRED 20e.	RRED. (Enter natur				16		15
20c. TIME OF INJURY Hour o. m. p. m.	19	While of work	Not while	factory, street, of	fice bldg., etc.	.) 	or town)	(Co	ounty)	(State)
actual SIGNATURE W	lian a	126	Jyson	ath occurred	9 8	ADDRESS (Str	the causes ceet, city or town, Jan. 25	and an the stote)	e date sta	e deceased ated abave. DATE SIGNED
NAME (Type)			Tyson, M.D.		Kings			arylar		
220. BURIAL, CREMATION REMOVAL (Specify) Burial	1-26-196		22c. NAME OF CEMETER St. St	ephen's			on (City, town, shaw, Ba			ote)
23. EUNERAL DIRECTOR'S	SIGNATURE	me	7401 Bol	mi Rd		D BY REGISTR	AR 24b. REGI	STRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
307 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

Reg.	Dist.	No.	G	0	3	U	1	

o. COUNTY Balt	imore			ARYLAND	o. STAT			b. C0			imore	13310117
b. CITY OR TOWN (I	t outside corporate limi	its, write	c. LENGTH OF S	TAY IN 16	c. CITY	OR TOWN (IF	outside corpo	prote limits,	write RUR	AL ond giv	ve nearest to	wn)
Dund	21 (00)		18 mo	nths	X	Dun	dalk	(22)				
d. NAME OF HOSPIT OR INSTITUTION 2508	Ambler					508 Ar	mbler	Cour	rt		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fii MA F	RTHA	Mi L	iddle	MOH	lost RIS	4. DATE OF DEATH		Month	ıarv	Doy 23rd	Year 1961
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER M.	ARRIED [8. DATE OF			9. AGE (In	years IF		YEAR IF UN	
female	white	WIDOWE	D DIVO	ORCED	Marc	h 13,	1878	82	yrs.	nonins L	Days Hour	s Min,
Housew	king life, even if retired	done 10b. I	KIND OF BUSINE	SS OR IND		Tenn	•	country)		12. CITIZ		AT COUNTRY?
13. FATHER'S NAME					14. MOTI	HER'S MAIDEN						
	y Barnes					Julie	e Dunl	kin				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of		SOCIAL SECURITY	7 NO. 17.	INFORMANT	0	D		Addres		110	
no			none		Mrs.	Susie	Davi	S	sar	ne a	s #2	
	ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c	R	104 che		more	la					INTERVAL ONSET AN	BETWEEN ID DEATH
Conditions, if a gove rise to i carse (o), stoting lying couse lost.	mmediate (, 17-	t. Hen terios	nepl	epia fic H	eart	Disea	ase				
PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BL	IT NOT RELAT	ED TO THE TER/	MINAL DISEAS	SE CONDITI	ON GIVEN	IN PART	PER	S AUTOPSY FORMED?
20g. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJU	RY OCCURR	ED. (Enter not	ure of injury in	Port I or Por	rt II of item	18.)			
20c, TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	20d. IN While of work	Not while_	20e.	PLACE OF INJ octory, street,	URY (Home, for office bldg., e	rm, 20f. (Cit	y or town)		(Co	ounty)	(Stote)
21. I certify the alive an	latended the	e decease ,, 19		9/14/3 that deal	h accurred	7422	ADDRESS (S	m the ca Street, city o	uses an	d on th		e deceased ated above DATE SIGNED
	Max Baum					Balt:	imore	24.1	lary.	land		
220. BURIAL, CREMATIC REMOVAL (Specify Burial	226. DATE THERE	0F 51	Meado		or cremato			rsev.				tote)
23. FUNERAL DIRECTOR	S'S SIGNATURE		ADDRESS				C'D 8Y REGIS	-		RAR'S SIG		
Walter Br	ooks Brad	dley,	Inc., D	unda.	lk, Md.	DATE	1 2 6 '61		Chillen	8. Kr	alla	
*												

		MARY	LAND	STATE DEPA	ARTMEN	NT OF HEALT	H-BALTI	MORE, 1	8	1) () 4	
		308		CERT	IFICAT	E OF DEAT	H		Reg. Dist. N		308
1.	PLACE OF DEATH a. COUNTY	Baltimore		MAR	YLAND 2	usual RESIDENCE (Vo. STATE Marylan	Where deceased li	ved. If institution b. COUNTY	77 1	fore admiss	
	b. CITY OR TOWN (I RURAL ond give no	f outside corporate lime corest town) Towson	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (I	f outside corporate	e limits, write RU	IRAL ond give n	earest town	1)
	d. NAME OF HOSPIT OR INSTITUTION	Towson Co 301 West	nval Ches	escent Ho apeake Av	me e	d. STREET ADDRESS	mouth R	oad			FARM?
3.	NAME OF DECEASED	Fi	rst	Middl	- 1.	Lost	4. DATE OF	Month		-	Year
	(Type or print) SEX	6. COLOR OR RACE		CZ.	ARICE B. C	ATE OF BIRTH	DEATH 9.	Janua AGE (In years	ary IF UNDER 1 YEA		19 61 ER 24 HRS
	Male	White	WIDOWI	-		ly 6. 188	^	lost birthday)	Months Days	Hours	Min.
	usual Occupation during most of work ret d) A	ON (Give kind of work king life, even if retired torney	done 10b.	KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Store		try)	12. CITIZEN C	S.A.	OUNTRY
3.	FATHER'S NAME	John T.	Murp	hy	1	Adelia C	NAME				
Ye	s, no, or unknown)	R IN U. S. ARMED FOR		SOCIAL SECURITY N	O. INFO	RMANT		Addre	955		515
1	ES	WW I		9-10-4413	A Clar	ke Murphy	Jr.1908	3 India	n Head	Rd. Z	one
		mmediote ((a) Ce	rebial rterio se	Vascu	lar acci	dent		ON	S yr	DEATH
CERTIFICATION	PART II. OTH	S LINDERLYING TI				T RELATED TO THE TER		1000	N IN PART 1(a)	PERFC	AUTOPSY ORMED?
CERT	LOK CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. DE3	CRIBE HOW HAJORI (JCCORRED. (the holde of injury	11 7011 1 01 7011 11	or nem re.,			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. It While of wor	NJURY OCCURRED Not while of work		OF INJURY (Home, fa r, street, office bldg., e		town)	(Caunty	1)	(State
	21. I certify the alive an	at attended the	deceas , 19	- (9/48 t death ac	. 19 ta / courred at 6:3				te stated	
	PHYSICIAN'S NAME (Type)	Francis W		-		100 West					
220	BURIAL, CREMATIO BURIAL (Specify)	1-9-61	OF .	New Cat		REMATORY Cemetery	_	N (City, town, or	.,	(Stot	e)
23.	FUNERAL DIRECTOR	1 - / -		ADDRESS	104141	24g. RE	C'D BY REGISTRA	R 24b. REGIST	TRAR'S SIGNAT	URE	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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, Md

	309		CERTIF	CATE	OF DEATH				U	0009
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYL		usual RESIDENCE (WHO STATE Maryland	nere deceased l	lived. If institution b. COUNTY		e before o	
b. CITY OR TOWN (RURAL ond give n	If outside carporote lime earest town) Towson 4	its, write	c. LENGTH OF STAY	N 1b	Towson 4	outside corporo	te limits, write R	URAL ond g	ive nearest	town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, of 412 Hiller	4		1	d. STREET ADDRESS 412 Hille	en Road				S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Fii Mar		Middle Elizab	eth	lost Murphy	4. DATE OF DEATH	Mon Jai	nuary	Day 20	Year 1961
s. sex Female	6. COLOR OR RACE white	7. MAR	RIED NEVER MARRIE		ate of Birth b. 28, 188		AGE (In years lost birthdoy) 4 yrs.			UNDER 24 HR lours Min.
during most of war	ON (Give kind of work king life, even if retired ewife	done 10b.	KIND OF BUSINESS OF	R INDUSTRY	11. BIRTHPLACE (Stole Strasbur			12.CITI2	U.S.	A A
13. FATHER'S NAME	bert Supin	ger		14	Alberta M					
1S. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOI (If yes, give war or dates of	RCES? 16.	social security No.	17. INFOR	mant ld R. Murp	hy, 41	Add 2 Hille		ad, To	wson 4
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO DODY, which immediate	Ar	ine for (o), (b), and (c).]		do-Vascsh	for Dis	sease		INTERV ONSET	AL BETWEEN AND DEATH
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	PART		WAS AUTOPS PERFORMED? ES NO
	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Doy, Ye		CRIBE HOW INJURY OF		nter noture of injury in OF INJURY (Home, farm	-		10	County)	(Stot
Hour a.m. p.m.	19	While at wo	Nat while	foctory	, street, office bldg., etc				,	
			ded the deceased		h accurred at		he causes ar			
22c. PHYSICIAN'S NAME (Type)	Philip L	Page 17	lynn. M.L	М.D. О,	22d. ADDRESS	RECTOR D	Stree	t,Bal	timor	re 2
23a. BURIAL, CREMATIC REMOVAL (Specify Entombment	1-24-61		23c. NAME OF CEME		leum	Woodl	on (City, town, awn, Mar	yland		(Stote)
Wm. Cook-To		105	ADDRESS 50 York Ros	d, Ton		D BY REGISTR		STRAR'S SIC		

TO HOSPIT OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be used by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to buriol, crematian, or remayol, and in any event, within 24. VR A1S (4) 1SM 9/S9

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				MARY	AND	STATE DE	PARTM	ENT OF	HEALTH	H-BAL	TIMORE,	8		
				310)	CER	RTIFICA	ATE OF	DEATH	1		Reg. Dis	t. No. ())310
	o. COU	ITV	Ltimo	re		N	ARYLAND	2. USUAL RE a. STATE	Maryl	_	d lived. If institut b. COUNTY		marke	ssian)
M	RURA	OR TOWN (eacest low	carporate limi n)	ls, write	c. LENGTH OF S			r town (If o		Park	URAL and g	ive nearest tax	vn)
514	d. NAM OR II SPR.	NSTITUTION	ROVE	in hospital, g		oddress) SPITAL		1 0	ADDRESS Pakton	, Mar	yland		ON	SIDENCE A FARM?
	3. NAME (DECEAS (Type or	ED		Rache		Mi	iddle N	ye rs	Last	4. DATE OF DEATH	Jane		Day	Year 1961
	s. sex	ale	6. cold		7. MAR	RIED NEVER MA	ARRIED C	8. DATE OF BI	_{ктн} 7, 189	6	AGE (In years lost birthday)		YEAR IF UNI	
	10a. USUA during	most of wor	king life, e	kind af wark o	tone 10b.	KIND OF BUSINE	SS OR INDU	STRY 11. BIRTH	Mary 1		country)		ZEN OF WHA	T COUNTRY
	13. FATHER	s NAME	erego	ЭУ				-	R'S MAIDEN N lith Ma		per			
	(Yes, no, or u	ECEASED EVE		. ARMED FOR war or dates of s	ervice)	SOCIAL SECURITY	The second second	MECOTAS	SPRI	NG G	ROVE STA	ress TE HO	SPITAL	
	Congave		IMMEDIA Iny, which	CAUSED BY: ATE CAUSE (o DUE TO	, 6.	ne far (a), (b), and andia	e fe teral	pue pue	e C.V.	D.	0		Unk	ays.
0	CERTIFICATION AND AND AND AND AND AND AND AND AND AN	1 35	70.7	LYING DEATH EXAMINER)		CRIBE HOW INJUI						VEN IN PART	PERF	AUTOPSY ORMED?
Ĭ	₹ 20c, TI/	ME OF INJUR			While	NJURY OCCURRED Not while	fo	ACE OF INJUR ctary, street, of	Y (Home, form fice bldg., etc.	, 20f. (Cit	y or tawn)	(C	aunty)	(Stote)
	21. I alive	an_)e	en d	ended the	deceas 19_1	Cu IIuiii	an. 4	accurred o		M, frain ADDRESS (S	m the causes of	and an th	- 1	
	NAME	IAN'S 6		RUDE	J.	FLEISC			ons vill		Marylan			
2	13 TH	L, CREMATIC VAL (Specify)	/-	DATE THEREC	-61	Pine G ADDRESS	CEMETERY C	er CREMATORY		22d. LOCA Par D BY REGIS	TION (City, Iown, TRAR 24b. REG	or county) STRAR'S SIG	d. R.	D.
7	16	col	day	(liaste		Herta	edon	Pa	DATE JA	AN 11	61 0	othur S.	Kroue	

LOAT COLOR	
V	

FOR STATE

TO DEC. I MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an eleas is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the first or. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any eyent whitin 72 hours after death. TO DE

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
311 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEA COUNTY	TH		2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admiss	ion)
	timore	MARYLAND	Maryland Baltimore	
	(if outside corporata limits, nd give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)	
	sterstown Brig	htm	Reisterstern Brighton	
	PITAL OR INSTITUTION (if not in		d. STREET ADDRESS e. IS RESIDEN	
500	6 Patterson Ave	ກາງຄ	5006 Patterson Avenue	
3. NAME OF	First	Middle	Last 4. DATE Month Day Year	AJ
DECEASED (Type or print)		74.000	OF	
5. SEX	6. COLOR OR RACE 7 MA	JACOB	NAGEL DEATH January 22, 19 61 8. DATE OF BIR H 19. AGE (In yeers IF UNDER 1 YEAR) IF UNDER 24 HI	D.C.
J. JLX		INCLES INCLES INCLES IN	last birthdey) Months Deys Hours Mir	
Male	1 11112 00	OWED DIVORCED	Aug. 30, 1900 60 yrs.	
	ATION (Give kind of work working life, even if ratired)	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLÄCE (State or foreign country) 12. CITIZEN OF WHAT COUNT	TRY?
Refrigera	tion Serviceman		Maryland USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
Henry Nag	el		Thora	
15. WAS DECEASED !	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT Address	-
Yes	(Ifyesgivewarordetasofservica)	215-09-4226	Mrs. Marguerite H. Nagel 5006 Patterson A	zeni
	DEATH [Enter only one ceuse		INTERVAL BETWEEN	
110	IMMEDIATE CAUSE (a)	orrhagic broncho	priedmonta	-
7	DUE TO			
Conditions, if e	(-)			
geve risa to imme (a), steting the	P DIJE TO			
cause lest.	(c)			
PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP	
ITY.			PERFORMED YES 📆 NO [-
PART II. OTH 20e. EXTERNAL PRIMARY or C CAUSE OF DEATI		SCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of Item 18.)	
PRIMARY OF C	CONTRIBUTING []			
ZOc. TIME OF IN	JURY Month, Day, Yeer 2	Od. INJURY OCCURRED 20e, PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)	_
20c. TIME OF IN	. y	/hileNot While fee	story, street, office bldg., atc.)	
-	• (2)	work at work		
21. I certify	that I took charge of the	remains described above, h	eld an Autopsy X, Inspection , Inquiry , and in my opinio	n
death resulted	from: Natural causes	X. Accident . Sui	cide, Homicide, Undetermined manner	
	1.8	V	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE	WO	lug	M.D. ASSISTANT MEDICAL EXAMINER X	
EXAMINER'S NAME (Type)	W. Bradley Kir	g, Jr., M.D.	Address (Street, city, town, or county)	
22a. BURIAL, CREMAT	ION, 226. DATE THEREOF	22c. NAME OF CEMETERY O		
REMOVAL (Spaci		Dowlesses 3	Deltimon Co Man land	
Burial 23. FUNERAL DIRECT	Jan. 26, 196	ADDRESS	Baltimore Co. Maryland	_
		3631 Falls Road		
Durkee	Tanciar none	Darratts noau	DATE IN 2 4 '61	
	110000 7.18	wy	UNIT	

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TO HO SLOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove early on pagers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

		MARYLAND	STATE	DEPAR	TMENT	OF	HEALT	H
ION	OF STATISTICA	I DESEADON AL	ND BECOI	DC 201	W DRECT	IAON	CIDEET	-

	TOTAL PARTY OF THE PARTY	MICHAEL OI	111112-1111	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
312	CERTIFICATE			00312

	a. COUNTY	e. STATE . b. COUNTY
	BALTIMORE MARYLAND	o. STATE ARY LAND b. COUNTY
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	CATONSUILLE I WEEK	BALTIMORE 3 VII-4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
2	1222 TugwELL AUE	2011 HOLLIUS JT. YES NO EX
=	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) IRMA ROSE N	14 Tho DEATH JAN. 17, 1961
-		DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	THE MARKED LINE AND	last birthday) Months Deys Hours Min.
1	MEMALE While WIDOWED DIVORCED	Y 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	9101
-	HOUSEWIFE DOMESTIC	14. MOTHER'S MAIDEN NAME
	11.1.1.1.1	14. MOTHER'S MAIDEN NAME
-	JICHAEL LUKENICH	MATHERINE JOH LIMEL
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	NFOMMANT Address
-	NO NONE 212-09-96333	FREDERICK Natho 2011 Hollins St.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Urlin	ig 6 weeks
	14 45 X DUE TO	10
		Hemorrhage 7 weeks
	geve rise to immediate cause (e), stating the underlying DUE TO	2.1
	ceuse lest. (c) Malign	Hyperleusion 3-1422
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
		PERFORMED? YES NO P
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. ACCIDENT WAS UNDERLYING 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OF THE REPORT OF THE PROPERTY	. (Enter neture of injury in Pert I or Pert II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour e.m. While Not While fect	ory, street, office bldg., etc.)
		1057
	21. I certify that (I) (this hospital) attended the deceased from	
		death occured at
	228 SIGNATURE OF SIGNATURE	ATTENDING MED. STAFF SIGNED
- 1/		D. PHYS. DIRECTOR PHYS. D
A	(22c/ PHYSICIAN'S NAME (Type) 1. KUDIRKA	2151 Wilkens are
4	Y	
1	36. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	1
	BURIAL 1-20-61 MEADOWR	
1	LEUNERAL DIRECTOR'S SIGNATURE COAL HENGADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
B	Pranis H. miller 2101 Brulerick In	DATE DATE Cathur S. Kinus
-		

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hweinsberg

Funeral

Service

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00313 Req. Dist. No.

altimore

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO Z

> > (State)

(Stote)

Days

(County)

inima d. Tiralla

Months

. IS RESIDENCE

ON A FARM? YES NOL

Year

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATI	E OF DE	ATH

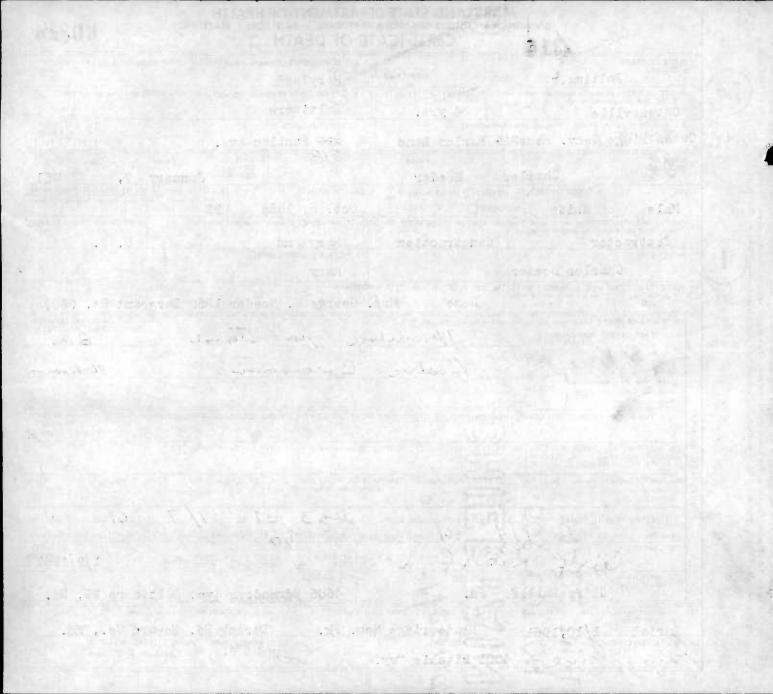
24 /

00314

		- 1
TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4	may be fined by the hospital ar ottending physician. TO FUNEKAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled by the funeral director, and the director is a fine funeral fine with	the Stote Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours ofter death.
TO HOSPIES OR ATTENDING PHYSICIAN: The law requires that	moy be. TO FUNERAL DIRECTOR: After this certificion has been signed by the control of the contr	the Stote Board of Health prior to burial, crematian, or removal, or

VR A15 (4) 15M 9/59

		-	14										
	e of DEATH DUNTY	ltimore		MARY		usual RESIDI		ere deceased	l lived. If insti b. COUN		Residence be	efore admi	ission)
b. CII	TY OR TOWN (II		te limits, writ	e c. LENGTH OF STAY	IN 1b			utside corpo	rote limits, wri	te RUR	AL and give	nearest to	wn)
RU	RAL ond give ne	arest tawn)		4 yrs.			imere		3	1	01	-4	-
d. NA	AME OF HOSPIT	AL (If nat in has	oital, give str	eet address)		d. STREET AD	DRESS			-			ESIDENCE
Cafe	institution n Ridge	Conv.	Home32	9 Harlen Lan	e	826	Penti	ac Av	8.				A FARM?
3. NAM DECE	E OF		First	Middle		8 lost		4. DATE		Month		Day	Yeor
	or print)	CI	narles	Needer				OF DEATH	Janu	ary	7,		1961
5. SEX		6. COLOR OR	RACE 7. M	ARRIED NEVER MARRI	ED 🔝 B. C	ATE OF BIRTH			9. AGE (In ye		UNDER 1 YE		7
Ma	ale	White	WIDO	OWED DIVORCE		Oct. 5	, 186	8		yrs.	Manths Day	rs Hour	rs Min.
10a. USL	JAL OCCUPATION	N (Give kind of	work done 1	06. KIND OF BUSINESS C	R INDUSTRY	11. BIRTHPLA	CE (State	or foreign co	ountry)		12. CITIZEN	OF WHAT	COUNTRY
	Contract		retired)	Construction	n	Mary	land				U. S	5.	
	IER'S NAME					4. MOTHER'S		IAME					
1	Ch	arles L	eeder			Mary							
15. WAS	DECEASED EVE			16. SOCIAL SECURITY NO	. 17, INFO	RMANT				Addres	3	- 11	
Yes, no, c	or unknown)	If yes, give war or d	ales of service)	None	Mrs.	Geerge	W. N	eeder	1252 S	arg	eant S	st. (30)
18.	CAUSE OF DEA	TH [Enter anly	one cause pe	er line for (o), (b), and (c).]			0					BETWEEN AD DEATH
	PART I. DEA	TH WAS CAUSE		1 fem	mlac	2 1	ron	Slor	roal			R	LA .
	151		UE TO	1	2	,						-	
	a distance of		01 10	Casta		Care	· hand					und.	100
	onditions, if a	mmediate	(b)	0-0000	~	C, 05 4					- '	2.7	
	use (o), stating	the under-	UE TO								70.0		
	ng couse last.	,	(c)									T	
CERTIFICATION 1902	PART II. OTH	IER SIGNIFICAN	T CONDITION	ns <u>contributing to de</u>	ATH BUT NO	T RELATED TO	THETERMI	NAL DISEAS	E CONDITION	GIVEN	I IN PART 1(c	19. WA PERI YES [FORMEDY
OR (IF E	ACCIDENT WA CONTRIBUTING EITHER, NOTIFY	CAUSE OF D	EATH	DESCRIBE HOW INJURY O	CCURRED. (I	Enter noture af	injury in f	Part I or Por	t II of item 1B.)			
20c.	TIME OF INJUR	Y Manth, Do	y, Year 20	d. INJURY OCCURRED		OF INJURY (H		, 20f. (City	or town)		(Caun	ty)	(Stat
ED.	Hour a.m.			hile Not while work at work	factory	y, street, office	bldg., etc.)					
	p. m.					Nine	2	,-9	11.	7			
21.	I certify tho	t (I) (this ho	spital) att	ended the deceosed		aug.	- 18				19_GL,		
	w the deceas	ed alive on	1-1-9	1961, ond	that dea	th occurred	ot 8	M, from	the causes	ond	an the de		
22a	. SIGNATURE	eine	Ro	aux)	* M.D	ATTENDING	A MI	ED.	STAFF PHYS.			1/9/	1961
22c	PHYSICIAN'S	, ,	4.7	,		22d. ADDRES	SS			111			
	NAME (Type)	Cliff R	atliff	Jr.		4605	Edme	ndson	Ave. I	Balt	imore	29,	Md.
23a. BUI	RIAL, CREMATIO	N, 23b. DATE 1	HEREOF	23c. NAME OF CEM	ETERY OR C	REMATORY		23d. LOCA	TION (City, to	wn, or	county)	(S	tote)
000	rial	1/10/1	961	Meadewrid	ige Me	m. Pk.		Derse	y Rd. I	To WE	ard Co	Mo	
	ERAL DIRECTOR			ADDRESS			25a. REC'	BY REGIST			RAR'S SIGNA		
10	ne V.	Youl	4	001 Ritchie	Wy.	15473	DATE	1 8 6		Inth	w S. 964	1464	



o. STATE

B. DATE OF BIRTH

Md.

Baltimore

d. STREET ADDRESS

Last

March 13

MARYLAND

c. LENGTH OF STAY IN 16

Middle

DIVORCED |

Gayland Road

Linda A. Neighoff

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED |

e. IS RESIDENCE ON A FARM?

YES NO KI

Yeor

1961

Baltimore

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

Gayland Rd.

Maryland

_, 19.6.1., that (1) (we) lost on the date stated above

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO

> > (Stote)

SIGNED

(Stote)

28

Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

9. AGE (In years lost birthdoy)

2

Gayland Rd.

4. DATE

DEATH

1058

b. COUNTY

Month

Jan.

	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN C	DF V
	during most of working life, even if retired)	Maryland U.	S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Bernard N. Neighoff	Norma R. Miles	
1	(Yes on a subsect of the section)	7. INFORMANT Address	
	no none	Bernard Neighoff * 5543 Gaylan	nd
	18. CAUSE OF DEATH [Enter only one couse por line for (o), (b) and (c).]		JSE'
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Stroppy & terminal Conveil	0
	355X DUE TO		
	Conditions, if any, which) (b)	U	
-	gove rise to immediate DUE TO		
	lying couse lost. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19.
4			
	206. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter noture of injury in Port I or Port II of item 18.)	
	2	PLACE OF INJURY (Home, form, 20f. (City or town) (County foctory, street, office bldg., etc.)	y)
	Hour o. m. P. m. 19 While Not while of work of work		
	21. I certify that (I) (this hospital) attended the deceased from	om. 1958, to Jan 28, 1961, 1	tho
	saw the deceased alive on Jan 28 1961, and that	at death occurred at 11.30M, from the couses and on the da	te
	280. SIGNATURE		
	John O Vraley	M.D. ATTENDING MED. STAFF PHYS. ATTENDING PHYS.	
1	22c. 9HYSICIAN'S NAME (Type)	22d. ADDRESS	
	John Healey, M.D.	Francis Avenue	
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
	Burial 2/1/61 Baltimore	re National Baltimore, Maryl	_
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNAT	
	Howard H. Hubbard 4107 Wilkens A	Ave. DATFEB 1 '61 arthur S. Than	A.A.



after death. Page 4

PLACE OF DEATH

NAME OF

S. SEX

(Type or print)

female

Baltimore.

b. CITY OR TOWN (If outside corporate limits, write

Baltimore d. NAME OF HOSPITAL (If not in hospital, give street oddress)

RURAL and give negrest town)

10 VR A1S (4 15M 9/59 1 BULL Permitted in the second of the the many results and the property of the beauty of was a second of the second of the second of the second of the STEEL STATE OF THE US. THE HOLDING SERVICE OF THE OWN OF THE PARTY OF THE PA

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Cert	REC	agen
MEI e the	DI	pet
TO DE MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If arm any is necessary, managed executes the execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the standard and in a second managed in the standard and in the standar	RAI	igna
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Do	4 E	or its
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VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 316 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1) 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmissi

1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. STATE Md a b. COUNTY Balto/
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Catons VIII C	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Catonsville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 1515 Edmondson Ave	d. STREET ADDRESS 1515 Edmondson Ave a. IS RESIDENCE ON A FARM? YES NO E
3. NAME OF DECEASED (Type or print) E dwin Ruppert No.	el Lest 4. DATE Month Day Yeer OF DEATH Jany .28.1961 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retiret linister P.E. Church	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? England England
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edwin G. Noel	Sopia L.
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgivawarordetesofservica)	INFORMANT Address
	Margaret Noel, 1515 Edmondson Ave, Catonsvill
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).]	INTERVAL BENALON ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Goronary Thrombo	osis
420, DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause (a), stating the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIB	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?., YES NO 14
	(Enter natura of Injury in Part I or Part II of itam 18.)
	LACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete) ctory, street, office bldg., atc.)
21. I certify that I took charge of the remains described above, I	held an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes	icide , Homicide , Undetermined manner
M 1 11 11	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE LEMM Kenffer	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER Jan . 28,61
NAME (Type) Go. S. M. Kieffer M.D	Addrass (Street, city, town, or county) 1010 Loeds Ave (29
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (OR CREMATORY 22d. LOCATION (City, town, or country) (State)
Burial 2/1/61 St. Johns	Ellicott City, Md.
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
F.C. Higinbothom Ellicott City, Md.	DATEJAN 31 '61 Cirthur S. Kraus

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TO HOW IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	death is 4 may be retained by the hospital or attending physician.	> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compiler filled in by the funeral	5	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
	15/	M S	216	0

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RE 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEA Item 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before admission) b. COUNTY 3 A a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearast town) CATONSVILLE CATONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A STREET ADDRESS ON A FARM? IN PINES BRIARWED RD YES NO 3. NAME OF Middle DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. /AGE (In years | HUNDER 1 YEAR IF UNDER 24 HRS. (Aast birthday) Months WIDOWED V DIVORCED IDa. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 140 ME HOUSEKER DER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHRISTINE RUFF PEDDICERD ALEXAN DER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, no, or unkown) | (Ifyasgive war or dates of service) BO'Sonnell ZYBRIARWOOD 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DAYS RONCHO-IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? NO M RTERIOSCIERATIC WI 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) Month, Day, Year (County) (State) 20c. TIME OF INJURY factory, street, office bldg., atc.) While Not While 10 19 60 at work at work A HOUSE IN PINES CATONSVILLE 1130 1961, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from....... 22b. DATE 22e. SIGNATURE SIGNED Hires PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE IH - 660 idred free

FLORENCE INE DE LA CONTRACTION TVITTES LANT ANT LINE TUBE STORE TO A STATE OF THE STATE 12 THE REST LAND TO BEEN ASSESSED TO THE PARTY OF THE PARTY

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

318

CERTIFICATE OF DEATH

00318

~ <u>L</u>	010	Reg. Dist. No.
J	1. PLACE OF DEATH d. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE.
A	BALTIMORE MARYLAND	MARY LAND BALTIMORE
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)
1	KINGSVILLE MD LIFE	X KINGSVILLE MD.
Ī	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
	SUNSHIDE AVE.	SUDSHINE AVE. KINGSVILLE YES NO IT
	3. NAME OF DECEASED (Type or print) Lawrence Henry	OFFUH Jan. 26 1961
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Data Dirth Days Hours Min.
1	WIDOWED DIVORCED	MARCH 10, 1894 Days Hours Min.
	 USUAL OCCUPATION (Give kind of wark dane during mast of working life, even if retired) 	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ELECTRICIAD	MARYLAND U.S.A.
ı	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	HARRY ALONZA OFFUTT.	MARY MAHR
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	NFORMANT Address KINGEVILLE PO.
1	No.	TRS LAWRENCE OFFUTT SUNSHIPE AVE
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COYO > Y	OCCIUSION ONSET AND DEATH
1	14.7 A 1 DUE TO	
1	Conditions, if only, which) (Concretelized	Arterio sulerosis
1	gove rise to immediate	
	tying couse lost.	al Infarction & Failure Dec. 1958
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
4	<u> </u>	YES NO D
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
_		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
1	Hour o. m. While Not while fac	tory, street, affice bldg., etc.)
1		
1	21. I certify that I attended the deceased from	195 K, ta See. 196 that I last saw the deceased
1	alive an Jah. 43, 196/,, and that death	accurred at 12 AM, from the causes and an the date stated above.
1	ACTUAL DAL'OD	ADDRESS (Street, city or town, stote) DATE SIGNED
ı	SIGNATURE William U- 1920	M.D. / 1495 V, 112 /11d, 1-26-6
	PHYSICIAN'S NAME (Type)	
F	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City. town, or county) (Stote)
	BURIAL 1-28-61 MT OLIVE	T ZEM BALTIMORE MADYLAUN
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Lassoln Euneral Home 7401 Bolin Pol	#6. DATERD 1 161 Tarlus & House

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0.0310CERTIFICATE OF DEATH director, filed with Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed o. STATE b. COUNTY MARYLAND IMORE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 70 4/45 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? CO4 YES NO IN NAME OF First Middle 4. DATE Month Year DECEASED OF DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Months Doys WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) ELECTRICO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT A L Address (If yes, give war or dates of service) 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) day DUE TO Conditions, if ony, which gove rise to immediate per DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, affice bldg., etc.) While Not while of work of work 21. I certify that Lattended the deceased from ___,that I last saw the deceased and that death occurred at 5 AM, from the causes and an the date stated above. DIRECTOR ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 3 shauld PHYSICIAN'S OUDMAN NAME (Type) may be 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECIQ BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE JAN 1 6 15M 10/57 P

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The Paris Inc.		
	Transport Design	

	N. 41 DIRECTOR: After this certificate has been signed by the attending physician and campletely fille by the funeral director.	3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages Pland 2 should be filled with		
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		320	ul-	CERTIFIC	ATE OF DEAT	Н		Reg. Dist	, No.	00320
		Baltimore		MARYLAND	2. USUAL RESIDENCE (W. o. STATE Md.	/here deceased	lived. If institution b. COUNTY	Residence	tim	odmission) /
	Catons	ville		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		11	imore		Byol-
L	90 MP	IAL (If not in hospitol, s in the Pi		oddress)	d. STREET ADDRESS	218 N.	Ellwoo Z/4.VP.	d Ave	0	IS RESIDENCE ON A FARM? (ES NO 2.
	NAME OF DECEASED (Type or print)	George	at	Middle L •	Pass	4. DATE OF DEATH	Mon!	th	Doy	Yeor 1961
5. 5	male	6. COLOR OR RACE	WIDOW		8. DATE OF BIRTH 4/6/1908		10st birthdoy) 52 yrs.			UNDER 24 HRS.
100	during most of wor Upholste			kind of Business or IND elf-employe	ustry 11. BIRTHPLACE (Store			12. CITI		WHAT COUNTRY?
13.	FATHER'S NAME	Charles F	Po	5 5	14. MOTHER'S MAIDEN	NAME ie Wri	ch+			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.			ne 13	Addr	015		
(Te	yes	WW 2-Ar	ny ny		Helen Robin	son, si	ister,1	328 E	dis	on Hwy
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CERTIFICATION	Part II. OT		_	dionalisting to Death Bu	T NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIVE	EN INPART	1	WAS AUTOPSY PERFORMED? ES NO
L CERTIFI	200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	ED. Enter noture of injury in	Port 1 or Part	Ili.of item/18.)	T'A		
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	Y Month, Doy, Yes	While of work	Not while	LACE OF INJURY (Home, for octory, street, office bldg., etc.	m, 20f. (City	or town)	(Co	ounty)	(State)
	100	nat I attended the	decease		5-, 1960, to					the deceased
	olive on	-1 1	, 12.6	ond that deal	h accurred ot <u>{34</u>		the causes o		e date	stoted abave. DATE SIGNED
	ACTUAL SIGNATURE	cherry 5	121	layer	м. Б. 209 Тг	rederic	K Arve		1:	3-61
	PHYSICIAN'S NAME (Type)	mer K.	Gá	1/2-ger M.Z	Balter	070-	28	M4.		
220	REMOYAL (Specify		F	Oak Lawn C			on (City, town, o timore,	Md.		(Stote)
23.	SUNERAL DIRECTOR Charles 3331 Bi	's signature E. Schimun rehms Lan	ek F	uneral Home		JAN 6		TRAR'S SIGI	2.4	A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		322		CERTIFI	CATE OF DEA	TH	mioke, i	Reg. Dist. No	. 0032
7.	PLACE OF DEATH a. COUNTY Balti	more		MARYLAN	2. USUAL RESIDENCE o. STATE	(Where deceased	d lived. If institution b. COUNTY		fore admission)
	b. CITY OR TOWN (If of RURAL and give near Essex	est town) (2D)		c. LENGTH OF STAY IN		(If outside corpo	rate limits, write RU		
	d. NAME OF HOSPITAL OR INSTITUTION	edar Roa		address)	d. STREET ADDRES		Road		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	CARLO	1	Middle DOMENICO	PER SEGHIN	4. DATE OF DEATH		ary 30	Oay Year 1961
	male	white	WIDOW		Sept.15,		76 yrs.	Months Doys	
	during most of working the Laye FATHER'S NAME	(Give kind of work of g life, even if retired)	lone 10b.	KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE (S Ita	ly	ountry)	USA	OF WHAT COUNTE
115	Virgil . WAS DECEASED EVER I	io Perse	CES? 16.		Imban 7. INFORMANT	. 2-7	Addr	ess	
(Y	es. no. or unknown) (If	yes, give wor or dates of se	rvice)	16-09-5400	Ermes Per	seghin	same	11 -	
-	Conditions, if any gave rise to immacrosse (o), stoting the lying couse last.	nediate DUE TO		may of	Juny,				mytho
CERTIFICATION	PART II. OTHER	Deneral	nd	artero	BUT NOT RELATED TO THE T			EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO 2
MEDICAL			While	NJURY OCCURRED 20e	PLACE OF INJURY (Home, factory, street, office bldg.	farm, 20f. (City	or town)	(County	(State
	21. I certify that alive on	Robert C	, 19	1	th occurred at 2:	ADDRESS (SEE SEE SEE SEE SEE SEE SEE SEE SEE	30, 1961 of the causes a reet, city or lown, s Avenue Maryla	nd on the do	saw the deceasate stated above DATE SIGN 1/31/63
22	g. BURIAL, CREMATION, BUT 18 (Specify)			22c. NAME OF CEMETER		22d. LOCAT	imore, M	r county)	(Stote)
	FUNERAL DIRECTOR'S		lev.	ADDRESS The Dunds	1k 22 Md	REC'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNATE	JRE

VS A15 (4) 15M 9/55

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321 CERTIFIC	TAIL OF DEATH
PLACE OF DEATH o. COUNTY Baltimore MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE Md b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Shady Nook Nursing Home	d. street address 3122 Wilkens Ave. e. is residence on a farm? YES \(\) NO \(\)
NAME OF First Middle (Type or print) Joseph F. Pau	Lost 4. DATE Month January 3, 1961
nale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED [March 10,1918 lost birthday) Months Days Hours Min.
On USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) lab. technician Nat.Starch	Pro.Co. Maryland U.S.A.
Albert E. Paul	Anna M. Meyers
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or doles of service) NO	Alberta Anderson 1404 Avon Ct. #27
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO DUE TO DUE TO	6 Parol forler 3 PAYS
lying cause last. (c) Mart II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DISTRIBUTION OF PORT II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of wark of wark of wark	e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (City or town) (County) (State
21. I certify that (I) (this haspital) attended the deceased fr saw the deceased alive an	at death accurred at 2M, fram the causes and an the date stated abave M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS
NAME (Type) Cliff Ratliff, M.D. 39. BURIAL CREMATION, 236. DATE THEREOF 236. NAME OF CEMETE	4605 Edmondson Avenue RY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) 1/7/1961 Meadowri	dge Cemetery Elkridge, Maryland

after death. Page 4 y the funeral director, 2 shauld be filed with

puo TO HOSPITATION ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be included by the haspital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

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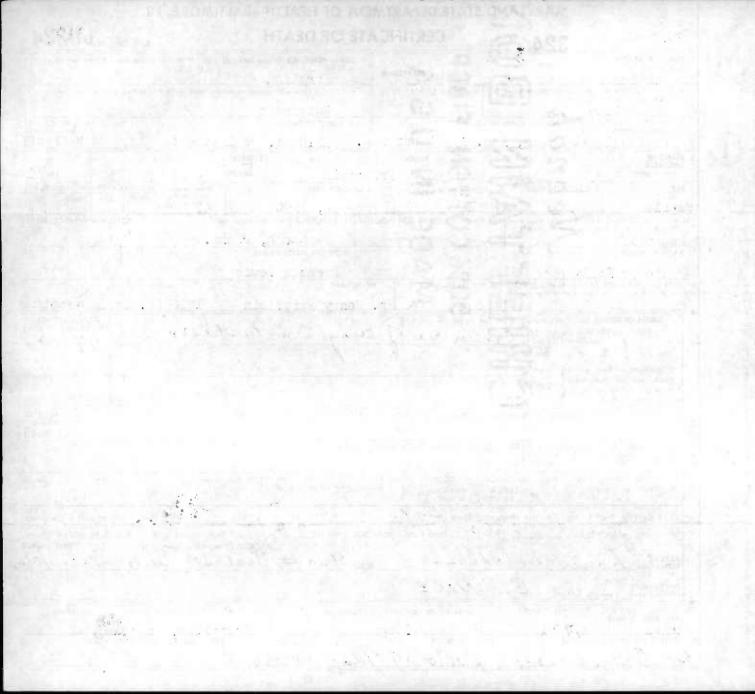
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is necessary, director. Page rr your files. ard of Health,			write RURAL and	outside corporete limits give neerest town) TOWSOI	1	c. LENGTH OF STA	15-	e, CITY OR TO	Towson	rporate limits, writ 4	e RURAL and giv	ve neerest to	wn)
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the safe he State he State	D	3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Montl			ar
o the	5		(Type or print)	EUG	ENE	S.		PETTY	DEAT	_H Janua	ary 2	5 19	, 61
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and mand 2 v 2 v vurs		ш	ale	white	WIDOWE			Jan. 22,	1903	last birthdey) 58 yrs.	Months Days	Hours	Min.
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T S B L			strict Sa		Peri	natex Co.	,Inc	Florer	nce, New	Jersey	U	S.A.	
24 hour		¥3.	FATHER'S NAME				1	14. MOTHER'S MA					
> /			J	ohn Petty			-20	Charlo	otte Lew	is			
7) A. Girm form form form form				R IN U.S. ARMED FORCE		SOCIAL SECURITY N	O. 17. II	NFORMANT		Address			
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tiffic Sami	=	Z	PART II. OTHER	SIGNIFICANT CONDITI	ONS CON	TRIBUTING TO DEAT	H BUT NO	T RELATED TO THE	TERMINAL DISEAS	CONDITION GIV	EN IN PART 1(e)	19. WAS	AUTOPSY
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ing ing		Y.	20c. TIME OF INJUI	RY Month, Day, Yeer	20d.	NJURY OCCURRED	2Da. PLA	CE OF INJURY (Hom	ie, farm, 1 20f. (C	ity or town)	(County)		(Stete)
C EXAMINER: icate, writing the to the Chief M OR: Page 3 shorior to burial.	ZVV	MEDICAL	Hour a.m.	19	While at work	Not While of at work	facto	Parti	_				
Caste to the trick of the trick	2		21. I certify th	at I took charge of	the rem	ains described ab	ove, hel	2000	1	n , Inqui	y D, ar	nd in my	opinion
			death resulted for	om: / Natural cau	ises ,	Accident .	Suici	de , Homi	cide , U	ndetermined m	nanner K		
TEDIC the con rwards DIREC	D)			11- 1	1	, /		CHIEF MED	DICAL EXAMINER	7			
MEDICAL le the certificonvarded L DIRECT	200		ACTUAL	1111111				ASSISTAN	T MEDICAL EXAM	NER XXX		DATE SI	GNED
Y P Becute	0		SIGNATURE (No.	ry			M.D. DEPUTY M	EDICAL EXAMINER		January	26, 1	961
	Sign of		EXAMINER'S NAME (Type)	William V.	Lovit	t, Jr., M	.D.		itreet, city, town, o				
Should FUNE	2	228	BURIAL, CREMATIO	N, 226. DATE THEREO	F	22c. NAME OF CEN	AETERY OR			ATION (City, town	, or country)	(Sta	ate)
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VS. A15ME	K	23.	FUNERAL DIRECTOR	т.	- 17-13	ADDRESS		248	. REC'D BY REGIS		ISTRAR'S SIGN	ATURE	
5M 7/59	0	Wn	1. Cook-To	wson Inc.,	1050	York R8	Wson	4, Md DA	TE JAN 3 0	'61 (I - Thun 8. +	Traus	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Pripstein	324		ERTIFIC	ATE OF DEATH			Reg. Dist.	No. U	324
o. COUNTY Bal tamo	re		MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased	lived. If instituti b. COUNTY		befare adm	issian)
b. CITY OR TOWN RURAL and give r	(If outside corporate lim	its, write c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (If ou	utside corpora	ote limits, write R	URAL ond giv	ve nearest ta	wn)
Pikesvi	lle			Bal timor	е		VO	1 - 6	1
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital,	give street address)		d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
	ional House	. Inc. 133	Slade Av	e. 1010 St.	Paul	Street] NO [
3. NAME OF DECEASED (Type or print)	Fi Mar	ie Bernic	Middle Pri	Lost Dstein	4. DATE OF DEATH	Mon Januai		Day	Year 19 6]
5. SEX		7. MARRIED NEVI		B. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1	YEAR IF UN	
Female	White		DIVORCED	Lav 12, 1900		lost birthday)	Months D	ays Haur	s Min.
00. USUAL OCCUPATI	ON (Give kind of work	dane 10b. KIND OF BU	SINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote of	or foreign cau	ntry)	12. CITIZE	N OF WHAT	COUNTR
Housewife	rking life, even if retired	1)		Plymouth	-				
3. FATHER'S NAME	7.7			14. MOTHER'S MAIDEN N	-	Cl.			
	7/ 77								
Thomas I	Kelly Er in U. S. Armed Foi	CESS IV COCINI CECI	IDITY NO. 1	Frances L	ewis				
(Yes, no, or unknown)	(If yes, give war or dates of	service)	JKIIT NO.	INFORMANT		Add	ress		
No		None	Mr	Henry Pripst	ein	1010 3	St. Par	il Str	eet
18. CAUSE OF DE	Ames P								
		ouse per line far (a), (b)	, ond (c).]	1	1	,		INTERVAL	BETWEEN
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, Carcino	na of	lung é me	tast	ases		ONSET AN	D DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 326

CERTIFICATE OF DEATH

Reg. Dist. No. 00326

	a. COUNTY	Baltimore		ETA.	MARYLAND	1 0	STATE	CE (Whe		b. COUN		rles		ion)
T	RURAL and give nearest town)			1	OF STAY IN 16	c.				ote limits, write	RURAL ond	give ned	rest town) 2
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100	OR INSTITUTION												ON A	FARM?
1	SRING (R)			PITAL			none	e -				1		ио 🗌
	B. NAME OF DECEASED (Type or print)	Alexa			Middle Gray		Pye		4. DATE OF DEATH	-	uary	3		reor 1961
	S. SEX	6. COLOR OR RACE	7. MAR	RIED NE	VER MARRIED	B. DAT	E OF BIRTH			9. AGE (In year	IF UNDE			R 24 HRS.
	male white widowed Divorced March 12, 1873 Month								Days	Hours	Min.			
Ī	Oa. USUAL OCCUPATIO during most of working unemploy	ng life, even if retired	done 10b.	KIND OF B	USINESS OR IND	USTRY 1	1. BIRTHPLACE		or foreign co			TIZEN O		COUNTRY?
ī	3. FATHER'S NAME					14.	MOTHER'S MA	IDEN N	AME					
1	Brent 1	Pve						Mar	y Gra	V				
	5. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SEC	CURITY NO. 17.	INFORA	AANT		0		ddress			
	unknown (1	t yes, give war ar dates of s	ervice)		unknown	Re	cords:	SP	RING	GROVE	STAT	E HO	SPIT	AL
F	18. CAUSE OF DEAT	TH [Enter only one co	use per li									LINTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	C		tive hear	rt f	ailure					ONS	ET AND	DEATH
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	N. C.													RMED?
	PART II. OTHI	UNDERLYING -	20b. DES	CRIBE HOW	INJURY OCCUR	RED. (Ente	er nature of inj	ury in Po	ort I or Part	II of item 1B.)				
- 1		MEDICAL EXAMINER)												
	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Ye	or 20d. I While	NJURY OCC		PLACE Of	F INJURY (Hom-	e, form,	20f. (City	or town)	- 1	(County)		(Stote)
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	21. I certify the	at I attended the	deceas	ed from.	Aug. 29)	1956, 10	。J	an. 3	196	1 that I	last so	w the	deceased
	alive on Jan	n. 3	196	1	and that deat			:100	M. from	the causes	and an	the da	te state	d abave
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L	PHYSICIAN'S NAME (Type) 5	tella Wach	sler	, M. I).	_	Cat on	svil	le 28	, Maryl	and			
1	REMOVAL (Specify)	1-C-C		22s NAM	IE OF CEMETERY	OR CREA	MTORY		22d. LOGAT	ION (City, town	or county)	l.s	(Stote	Lea
2	3. FUNERAL DIRECTOR'S	SIGNATURE	(La ADDR	ESS 1 ta	m	0/ 240		BY REGISTI	RAR 24b. REG	GISTRAR'S S	GNATU	RE	
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AND DESCRIPTION OF THE PARTY OF

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FilmG280 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) Page e. COUNTY b. COUNTY a. STATE Baltimore Baltimore Maryland Files MARYLAND ay is necess b. CITY OR TOWN (if oulside corporale limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Your write RURAL and give neerest town? Sunnybrook - Rural Sunnybrook - Rural Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) for . IS RESIDENCE d. STREET ADDRESS ON A FARM? retained he State B YES NO 3. NAME OF First Middle Last 4. DATE Month Dev DECEASED OF and 3 to the the (Type or print) HARRY DEATH OHTCKLEY 27 61 January 19 2 with th 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. s 1, 2, and 3 age 5 may 1 and 2 wit 72 hours a lest birthday) Months Days Hours Male DIVORCED WIDOWED 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done, during most of working life, even if retired) LABORE in Item 18. Give Pages ng with form PM3. Pa pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Severe Craniocerebral Injury. Office DUE TO burial Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying Examiner cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? writing the word 9 YES X NO Medical pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of itam 18.) PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. MEDICAL EXAMINER: Struck on head with ax.
20d. INJURY OCCURRED | 200. PLACE OF INJURY (Home, farm,) Chief 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stete) fectory, street, offica bldg., atc.) 9 Not Whila 10 61 to the et work at work Home Baltimore Sunnybrook Md. OR: F ecute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion should be forwarded FUNERAL DIRECT death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 1/28/61 EXAMINER'S plnods Charles S. Petty. NAME (Typa) Address (Street, city, town, or county) TO DEP CREMATION. 22b. DATE THEREO CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) 40 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH 300

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o. COUNTY B	altimore	M	ARYLAND	2. USUAL RESIDEN o. STATE	ICE (Where	e deceased	b. COUNTY	Balt:	before odmission) imore
/ RURAL ond give r	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore				WN (If outs		rote limits, write R	URAL and give	e nearest town)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, gi 1235 Circi	ive street oddress) Le Drive #2	7	d. STREET ADDI		Cir	cle Dri	ve	e. IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Fin Elia	zabeth T. R	ddle awlei	lost gh	4	OF DEATH	Jan.	-	Day Year 1961 19
S. SEX		7. MARRIED NEVER MA		DATE OF BIRTH			9. AGE (In years lost birthdoy)		YEAR IF UNDER 24 H
female	ANTAT OF	Las	RCED	Feb. 2,	1886	6	74 yrs		
0o. USUAL OCCUPATION during most of working housewi	rking life, even it refired)	lone 10b. KIND OF BUSINES	SS OR INDUST		E (Stote or		ountry)		S. A.
13. FATHER'S NAME				14. MOTHER'S MA			7		
Archie	Tucker			Elizab	beth	Cla	rdy		
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY		ORMANT			Add		
no		none	Lo	uise Kau	ıfmaı	n 12	35 Circ	le Dr	ive #27
Conditions, if gove rise to cause (a), stating lying cause lost	the under-	Corona Hypert ca	ry l	ertery se artor	dise vose d	levoi	lic		ONSET AND DEAT
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20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 Dyna Month, Day, Year While Not while at work at work at work at work at work at work.									
21. I certify that (I) (this haspital) attended the deceased fram. 21. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I certify that (I) (this haspital) ottended the deceased fram. 22. I									
22c. PHYSICIAN'S NAME (Type)	Charles R			.D. ATTENDING PHYS. 22d. ADDRESS		CTOR 🗌	STAFF PHYS.		
- (17/64)	Charles	R. Shultz,	M.D.	126	64 F:	rand	cs Ave.	Balt	o. 27, M
23a. BURIAL, CREMATI REMOVAL (Specify Burial 24. FUNERAL DIRECTOR	1/30/6	l Loude	n Par	k Cemete	ery	Balt	cimore,		(Stote)
		410700091	kens .		Sa. REC'D				
Howard F	. Hubbard	WAY XX		Di	ATE FEB	1 0	a Cin	thur S. F.	irous

by the funeral director, I 2 shauld be filed with puo TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be included by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

rs after death. Page 4

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ARYLAND	STATE DEP	ARTMENT OF	HEALTH-	BALTIMORE.	18
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CERTIFICATE OF DEATH

00329

OR INSTITUTION 1801 Weyburn Road 7304 Manchester Rd. ON YES 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. White Own home 14. MOTHER'S MAIDEN NAME 12. CITIZEN OF WH housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rayner Address husband, above 18. CAUSE OF DEATH Enter only one during for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Mother of the principal pri)							
RURAL and give necrest town) Dundalk d. NAME OF HOSPITAL (if not in hospitol, give street oddress) OR INSTITUTION 1801 Weyburn Road 3. NAME OF DECEASED (Ifype or print) BLANCHE LAVINIA RAYNER 6. COLOR OR RACE NARRIED NEVER MARRIED 18. DATE OPENIN Female White WIDOWED DIVORCED 19. ACE (in years in the light print print) DIVORCED 19. ACE (in years in the light print) Winding most of working life, even if retired) ADATE OWN home 10. USUAL OCCUPATION (Give kind of work done in 10b. KIND OF BUSINESS OR INDUSTRY in BRITHPLACE (Stote or foreign country) HOUSEWIFE 13. FATHER'S NAME GEORGE FIFOR 14. MOTHER'S MAIDEN NAME WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT RAYNER 14. MOTHER'S MAIDEN NAME Mary Grubb 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT RAYNER Address Husband, above 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate LOUE TO Conditions, if ony, which gove rise to immediate LOUE TO Conditions, if ony, which gove rise to immediate LOUE TO LOUE TO Conditions, if ony, which gove rise to immediate LOUE TO LOUE TO Conditions, if ony, which gove rise to immediate LOUE TO LOUE	n)							
OR INSTITUTION 1801 Weyourn Road 7304 Manchester Rd. ON YES 3. NAME OF DECASED First Middle Lost OF DECASE (Type or print) BLANCHE LAVINIA RAYNER DEATH January 8 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3/20/1912 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own home Baltimore, Md. 12. CITIZEN OF WH OWN HOME Grubb 13. FATHER'S NAME George Fifer 14. MOTHER'S MAIDEN NAME George Fifer 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rayner Address Will yes, give wor or dotes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Metantatic Caraanaa of Color IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate Cause for immediate couse (o), stoling the underlying couse lost. DUE TO Conditions, if ony, which gove rise to immediate couse for immediate couse (o), stoling the underlying couse lost. DUE TO Conditions, if ony, which gove rise to immediate couse for immediate couse (o), stoling the underlying couse lost. DUE TO Conditions, if ony, which gove rise to immediate couse for immediate couse (o), stoling the underlying couse lost.								
Second S	SIDENCE A FARM? NO 1							
5. SEX female White Widowed Divorced 3/20/1912 9. AGE (In years host particular) Widowed White Widowed Divorced 3/20/1912 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own home Baltimore, Mde U.S.A. 11. BIRTHPLACE (Stote or foreign country) Baltimore, Mde U.S.A. 12. CITIZEN OF WH DIVORCED Whoths Days Hould Widowed Wid	Yeor 19 61							
during most of working life, even if retired) housewife own home Baltimore, Md. 13. FATHER'S NAME George Fifer 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Rayner Address husband, above 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: (MARCHATTER CAUSE (a) Metantatic Carcumana of Colon (NSET A) Conditions, if ony, which gove rise to immediate couse (o), stoting the under lying couse lost. (c) DUE TO (c)	ER 24 HRS. Min.							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yen, no, or unknown) (If yes, give wor or dates of service) (If yes, give wor	T COUNTRY							
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. [b] DUE TO [c]								
PER YES	AUTOPSY ORMED?							
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. OR CONTRIBUTING 20c. AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 50ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 50ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 50ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 50ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 50ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 50ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 50ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 50ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 50ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 60ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 60ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 60ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 60ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 60ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 60ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 60ctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 60ctory, street, office bidg., etc.) 20c. TIME OF INJURY MONTH 60ctory, street, office bidg., etc.) 20c. TIME OF INJURY MONTH 60ctory, street, office bidg., etc.) 20c. TIME OF INJURY MONTH 60ctory, street, off								
ACTUAL SIGNATURE SORGEL SUCCES M.D. 1085. Jaylor and if PHYSICIAN'S NAME (Type) OSEPH MICELI M.D. Balfmare 2' Ind 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY [22d. LOCATION (City, town, or country)] (5)								
REMOVAL (Specify) Burial 1/21/61 Oak Lawn Cemetery Baltimore, Md. 23. EUNERAL DIRECTOR'S SIGNATURE Charles E. Schimunek Funeral Home 3331 Brehms Lane DATE JAN 10'61 Cuting 1. Thank	P/6 /							

VS A15 (4) 15M 9/55

TO HOSPIT

DATE OF THE PARTY	H	TARO BO BT	CERTIFICA	000	
	or step day	E-STATE STATE	BOXYMAN	Sin . "	
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				SHEPROMPERS	
	100.0	P			12 ABAU 5
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		minetos constantes de la constante de la const			
			District Control of		
Lateratile of later tool (lad) to the constraint of the state of the constraint of				tomograph will be to only a second	

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH 330 CERTIFICATE OF DEATH

00330

	1. PLACE OF DEATH o. COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland	c. CITY OR TOWN/If outside corporate limits, write RURAL and give nearest town) Annaballs
2	d. NAME OF HOSPITAL (If not in hospitot, give street oddress) OR INSTITUTION Mt. Wilsen State Hespital	34 Maryland Ave e. Is residence on a farm? YES NO
	3. NAME OF DECEASED (Type or print) EARL First JOSE P14	READY 4. DATE OF Month S 1961
	WIDOWED DIVORCED	DATE OF BIRTH 5. 20.1908. 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 7. Yrs.
	10a. USUAL OCCUPATION (Give kind of work done of business or industry during most of porking life, even if retired)	Chicago, Selinois USA
	13. FATHER'S NAME J. READY	14. MOTHER'S MAIDEN MAME LILLIAN KENT
	[Yes, no, or unknown] [If yes, give war or dates of service]	pital Records, Mt. Wilson State Hospital
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Tuberculosis Interval BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-	
	lying couse lost. (c)	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MA
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) cry, street, office bldg., etc.)
		ath accurred at 11 Propin the causes and on the date stated above.
7	22c. Physician's	D. ATTENDING MED. STAFF PHYS. DIRECTOR STAFF PHYS. 196/. SIGNED
	Wm. Newcomer, M.D., Superintendent	Mt. Wilson StateHespital, Mt. Wilson, Md.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR ME, OLIVET	CEN. WAShington, D.C.
	24. FUNERAL DIRECTOR'S SIGNATURE W. W. CHAMBERS G., PIVER L.	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE OATE 12 '61 CIALUM S. KLAMA

* : THE WAY and the second of the second o don all cultures and the second of the secon

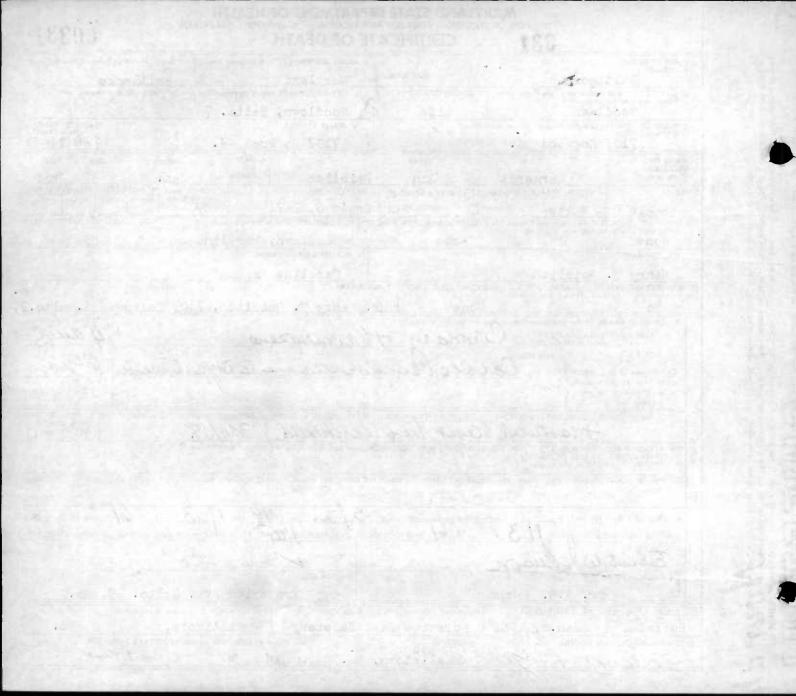
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

331

00331

_			-								
1. [PLACE OF DEATH D. COUNTY Bal	timore		MARY	- 11 -	o. STATE Maryland	here deceased	b. COUNTY	on: Residence bef		ion)
	RURAL ond give n	If outside corporate lime earest town) dlawn	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF			URAL ond give no	earest tawr	1)
	d. NAME OF HOSPI	TAL (If not in hospital, g			1	d. STREET ADDRESS 7107 Dog					FARM?
	NAME OF DECEASED (Type or print)	Fin Marge		Middle Ann	Re	Lost eiblich	4. DATE OF DEATH	Mor Jan		-,	Year 1961
S. 5	Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE		ATE OF BIRTH	1	9. AGE (In years lost birthday) 89 yrs.	Months Days	R IF UNDE Hours	Min.
10a	. USUAL OCCUPATION during most of wor None		dane 10b.	None	R INDUSTRY	Woodlawn			12. CITIZEN C	USA	OUNTRY?
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME			7	
	Henry T	. Reiblich				Caroline	Hohma	n			
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17, INFO	RMANT		Add	ress		Md
	No			None	Mr.	Henry W. F	Reiblic	h, 7107	Dogwood	Rd · Ba	lto.7
	18. CAUSE OF DE	ATH [Enter anly one co	use per ti	ne for (o), (b), and (c).						TERVAL BE	
	PART I. DE	ATH WAS CAUSED BY:	, (Nonary	The	rondoz	ea			Ida	245
	43	DUE TO	,	1	0			/		11	10
	Conditions, if o	ony, which	Ca	wio de	scule	u Illsea	e Ci	Sypoller	sin !	691	Bls
	gove rise to	m mediote						110		1	
	couse (o), stoting lying couse lost.	the under-	1								
Z	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TER	MINAL DISEAS	E COMDITION GIV	/EN IN PART 1(a)	19. WAS	AUTOPSY
CATION	E2019	Fractu	uel.	Ocight rue	PC	enhealed] 3/	11/18			ORMED?
CERTIFIC											
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. I While		20e. PLACE foctory	OF INJURY (Home, for , street, office bldg., e	rm, 20f. (City	or town)	(Caunt)	'n	(Stote)
~		-			£	5/2 1	519	113	idal .	h = 4 (1) (-> 1 .
		11	3 Strend	ded the deceosed		1	-	1	, 196/	, , ,	
	saw the decea	sed alive on_11		19, ond	that deol	h occurred ay	m, from	the couses or	d on the dot		b DATE
	Elit 13 bollers					M.D. PHYS. DIRECTOR PHYS.					
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS					
		Dr. E.W.	ohns	on		1 3432 Fr€	derick	Ave. Ba	1 to . 29,	Md.	
230	BURIAL, CREMATIC REMOVAL (Specify Burial			23c. NAME OF CEMI		Cemetery		IION (City, town, ltimore,	or caunty)	(Stat	
24.	FUNERAL DIRECTOR	r's SIGNATURE	100	8720 Libe	rty Ro	1.	C'D BY REGIST		STRAR'S SIGNATI		
T		1									



TO DE. S.Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If it leavy is necessions execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the carried director. A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 may the State Bord of Ho or its designated agent, prior to burial, cremation, or removal, and in any event within 7 hours effer death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 332 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 111332

2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
Mary Hand b. COUNTY
11b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Baltimore 1 3 VO 1 - 4
d. STREET ADDRESS e. IS RESIDENCE
320 North Paca Street, (Balto 1)
Last 4. DATE Month Day Year OF
REILY DEATH January 9 1961
8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
October 21,1895 65 yrs. Months Days Hours Min.
USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rvide Baltimore, Maryland U.S.A.
14. MOTHER'S MAIDEN NAME
unknown
VAH, Baltimore 18, Maryland:
linical Records, FORT HOWARD DIVISION
I INTERVAL BETWEEN
OPNEUMONTA ONSET AND DEATH
OI HIGHONIA
T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
YES T NO
ED. (Enter neture of Injury in Pert I or Pert II of item 18.)
No
AACCOE INJURY (Home, farm, ' 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
, held an Autopsy . Inspection . Inquiry . and in my opinion
Suicide , Homicide , Undetermined manner
CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
M.D.
Address (Street, city, town, or county)
Y OR CREMATORY 22d. LOCATION (City, lown, or country) (State)
ational Baltimore Maryland
3.1.1 U116 WELL DELLA WELL WELL VIEL WELL VIEL WELL VIEL WELL VIEL WELL VIEL WELL VIEL WELL WE
24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
RE RE

AND THE PROPERTY OF THE PARTY O 1 CAL CALL La Carallant works and

MARYLAND STATE DEPARTMENT OF HEALTH 333 CERTIFICATE OF DEATH

60333

V	
	1. PLACE OF DEATH a. COUNTY BALTO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY BALTO BALTO
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) CATONSVILLE c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OSBORNE AVE d. STREET ADDRESS OSBORNE AVE ON A FARM? YES \(\sigma \) NO \(\sigma \)
	3. NAME OF DECEASED (Type or print) EMILY M. RICHARDS 4. DATE Month Day Year OF DEATH JAN. 9 1961
	5. SEX 6. COLOR OR RACE WIDOWED DIVORCED B. DATE OF BIRTH WIDOWED DIVORCED PEB. 14, 1875 9. AGE (In years last birthday) Windows Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housifulfy 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Thomsas Clarby 14. MOTHER'S MAIDEN NAME SECTION
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Selection of Service) (If yes, give war or dates of service) (If yes, give war or dates of service)
	18. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying cause lost. DUE TO Color Conditions are conditions and conditions are conditions are conditions. DUE TO DUE TO Conditions are conditions are conditions are conditions and conditions.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NOTE} \) NO \(\text{LP} \)
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Manth, Doy, Year Hour a.m. p. m. 19 20d. INJURY OCCURRED While Not while of work of wor
	21. I certify that (I) (this haspital) attended the deceased fram. 1948, 19 to 9 feet, 1961, that (I) (we) last saw the deceased alive an 5 feet 1961, and that death accurred at 236M, fram the causes and an the date stated above.
i	220. SIGNATURE ATTENDING M.D. ATTENDING MED. STAFF PHYS. 226. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) JOHN A NESBITT, JR 11/8 STVaul St., Baltinia, 2 Tud.
4	1830. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FOR LEGG CATANAMA 256. REGISTRAR'S SIGNATURE Torless Caranage France Home - Catanamalle M. DATE JAN 13'61 Caling 8, Krana

TO HOSPITATOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be the by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

The state of the s

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 334 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00334 Reg. Dist. No.

o. COUNTY Baltimo re	MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE Mary Land D. COUNTY							
b. CITY OR TOWN (If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
and give necrest town) Cato nsville	lmth19dvs	Baltimore 3/01.4							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		d. STREET ADDRESS . IS RESIDENCE							
SPRING GROVE STATE HOSP	ITAL	3520 Hilton Road							
3. NAME OF First DECEASED (Type or print) Mary	Middle E. R	Lost 4. DATE Month Day Year OF DEATH LOS 30 19 5/							
5. SEX 6. COLOR OR RACE 7	NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yours IF UNDER 1YEAR IF UNDER 24 HR							
female white widows	DIVORCED [1875 Rest birthdoyl Months Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done 10b. 1 during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTI								
13. FATHER'S NAME		Maryland U. S. A.							
Unknown									
	SOCIAL SECURITY NO. 17. IN	Unknown FORMANT Address							
(Yes, no, or unknown) (If yes, give war or dates of service)	n								
unknown		cords: SPRING GROVE STATE HOSPITAL							
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which) (b) Conditions, if any, which)									
gove rise to immediate cause (a), stating the underlying cause lost. (c)	ale	edent prolice right ferme							
PART II. OTHER SIGNIFICANT CONDITIONS CO 12-20-60 Application 20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING D CAUSE OF DEATH. 20b. DESCRIBE S. H.	of well-leg to	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 10 10 10 10 10 10 10 10 10 10 10 10 10							
20c. TIME OF INJURY Month, Day, Year 20d.	on 12-11-60 an	nter notice of injury in Port I or Port II of Item 18.) Pt. admitted to S. id on routine x-ray was found to have interight former. Came here from Ashburton Nurse E of INJURY (Home, form. 20f. (City or town) (County) Home (Stote) ry, street, office bldg, etc.) Sing home? 3520 Hilton Rd Balto.							
21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection M, Inquiry X, and find that									
	death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined cause								
ACTUAL SIGNATURE. TEST, NY, N	tieffer	_M.D. CHIEF MEDICAL EXAMINER DATE SIGNED							
EXAMINER'S George M. Ki	ieffer, M. D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER							
220. BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETERY OR	Cenu Balto, ned.							
22-FUNERAL DIRECTOR'S SIGNATURE	Catagoralle.	DATE FEB 6 '61 CALLEY S. FORMA							

343 Mary del Rd # 29 The Line would be a like in the court of making and an in the court of

death. Set may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death within 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed d

TO HOS

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (193) 00335

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before edmission)					
Baltimore MARYLAND	e. STATE b. COUNTY Maryland	00					
b. CITY OR TOWN (if outside corporata limits, writa RURAL end give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give nearest fown)					
Fort Howard 4 Hours, 45 M.	Baltimore 25	02x-2					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE					
Veterans Administration Hospital	500 Argen Arrenne	YES NO T					
3. NAME OF First Middle	500 Arsan Avenue	Day Year					
DECEASED (Type of print)	INSON OF DEATH January	31 19 61					
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1						
		Deys Hours Min.					
Male White WIDOWED DIVORCED	Movember of Toat	ZEN OF WHAT COUNTRY?					
done during most of working life, even if retired)							
Carpenter-Retired Construction 13. FATHER'S NAME	Barber County, W. Virginia	U. S. A.					
William F. Robinson	Ida Jane Cole						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Clinical Records						
(Yes, No, or unkown) (Ifyesgivewaror detes of sarvice)							
YES WW I 236-03-0428 VA 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	H, BALTIMORE 18, MARYLAND, FORT HO	WARD DIVISION					
DART I DEATH WAS CALISED BY		ONSET AND DEATH					
IMMEDIATE CAUSE (a) CARDLAC INSUFFICI		3 WEEKS					
DUE TO OLD MYOCARDIAL IN	FARCTIONS	1& 4 YRS.					
Conditions, if any, which \ dueto to OLD CORONARY OCC	1 YR. +						
geve rise to immediate cause (a), stating the underlying DUE TO							
ceus lest.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY					
NIO TO		PERFORMED?					
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Part I or Part II of itam 18.)	TES BE THO L					
OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Ellier liandre of liquity in rail 7 of rail in or liam 75.)						
	ACE OF INJURY (Home, ferm, 20f. (City or town) (Court	nty) (State)					
Hour a.m. While Not While et work et work	ctory, straet, office bldg., etc.)						
21. I certify that (this hospital) attended the deceased from1:30PM1/31.1961., that (this hospital) attended the deceased from1:30PM1/31.1961.							
saw the deceased alive on January 31 19.61., and that	it death occured at						
22a. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED					
	M.D. PHYS. DIRECTOR PHYS.	2/1/61					
22c. PHYSICHAN'S NAME (Type)	22d. ADDRESS						
THOMAS F. CRAHAN, M. D.	VAH, BALTIMORE 18, MD., FORT HOW	ARD DIVISION					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		(State)					
REMOVAL (Specify) 2/1/6/ Stringtown	Cemetery Belington W. Vin	rginia					
24 FUNERAL DIRECTOR'S SIGNATURE A ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S						
I'm O Dickner - Jons Bottemore 17	Md. DATE FEB 2 '61 Couling &	Times.					
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) erel director. Page of for your files. e. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end giva neerest town? Fort Howard Board d. STREET ADDRESS Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) refained State E Veterans Administration Hospital E. 32nd Street 4. DATE Month DECEASED end 3 to the may be reta OF (Type or print) WITLITAM V. ROYS DEATH JANUARY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR ** MEDICAL EXAMINER: This certificate should be executed within 24 hours efter decute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 se forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 wignated agent, prior to burial, cremation, or removal, end in eny event within 72 hours. last birthdey) Male White WIDOWED T DIVORCED 66 yrs. 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Baltimore, Maryland Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adolph Roys Louise Feirtag 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give wer or dates of service) Yes WW I 215-03-7602 CLIN.REC.VAH, BALTO.MD.FT. HOWARD DIVISION AL SETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: 1 INTERTROCHANTERIC FRACTURE LEFT FEMIR NOK NOK 2. TERMINAL BRONCHOPNEUMONIA Conditions, if any, which geve risa to immediata cause ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a its designated agent, prior to burial, cremation, or rer MOEXIX (a), steting the underlying 3. HYPERTENSIVE CARDIOVASCULAR DISEASE causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION L. CHRONIC ADHESIVE PERICARDITIS 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) CAUSE OF DEATH. Fell going to the bathroom AEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d, INJURY OCCURRED_ 2Da, PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., atc.) Not While 10 61 at work BALTIMORE CITY at work Home 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry death resulted from: Natural causes Accident X Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S MELVIN B. DAVIS, pinous NAME (Type) Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF DE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Parkwood Cemetery 40 Baltimore, Maryland 24a. REC'D 8Y REGISTRAR I 24b. REGISTRAR'S SIGNATURE North Ave. & Broadway VS. AISME 5M 7/59 Baltimore. Maryland Chilbury S. Thouse '61

a. IS RESIDENCE ON A FARM?

YES NOXX

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Hours

ONSET AND DEATH

HOURS

PERFORMED?

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(Stata)

MARYLAND

and in my opinion

DATE SIGNED

(State)

7-DAYS

1,8

(County)

12. CITIZEN OF WHAT COUNTRY?

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 339

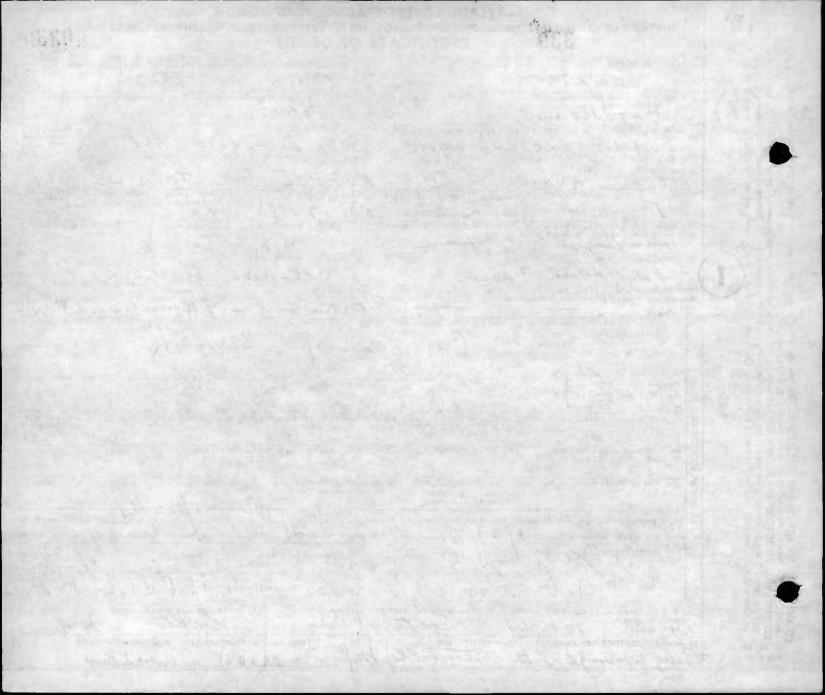
CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)

-	e. COUNTY 3ALTO, MARYLAND	a. STATE MD. b. COUNTY
M	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CATONS VILLE	c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) BALTO. 3 VOI. 4
s affe	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
090	SUMMIT NURSING HOME	3330 ELLERSLIE AVE. YES NO
72	3. NAME OF DECEASED (Type or print) ANNIE 13.	RUPPEL DEATH JAN. 23 196/
r, within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
ny even	10a. USUAL OCCUPATION (Give kind of work dona during most of working life, avan if ratirad) Househease	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
in an	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
E I	FERDINAN BAVER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	APELAIDE WINKLER INFORMANT Address
oval,	(Yas, no, or unkown) (Ifyasgive war or datas of servica)	F. A. Ruffel- 409 Kingston Pol #29
T Tem	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
o, o	IMMEDIATE CAUSE (a) 151 X DUE TO	ma of Stomach
emați	Conditions, if any, which gave risa to immediate cause	
اة ب	(a), steting the underlying causa last. (c)	
to bur	(c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Ith prior		ED. (Enter nature of injury in Part I or Part II of itam 18.)
of Hea		LACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata) actory, streat, office bldg., atc.)
Dept	21. I certify that (I) (this hospital) attended the deceased from	0/6/
0		at death occured at
the Si	22a. SIGNATURE THE STATE THE STATE OF THE ST	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
d with	22c. PHYSICIAN'S NAME (Typa) W.E. M. Greth	1303 Fraderick Rd Cotmsvillagin
be filed	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER PEMOVAL (Specify) 1-261 Cathery	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
(4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
so off.	Fooling Covering & F. H Cotorwille,	Med. DATE JAN 30'61 arthur S. Kraus
U		

Filled in by the funeral Pages france 2 should within 24 hours after death. Let A may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. VR A15 15M 9



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

340	CERTIFICA	TE OF DEATH	00340
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resident o. STATE Maryland Balt:	
b. CITY OR TOWN (If autside carporote limits, wr RURAL ond give neorest town) Middle River		c. CITY OR TOWN (If autside corporate limits, write RURAL and a	give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give store institution 14 Back Riv		d. STREET ADDRESS 114 Back River Neck Rd.	e. IS RESIDENCE ON A FARM? YES NO

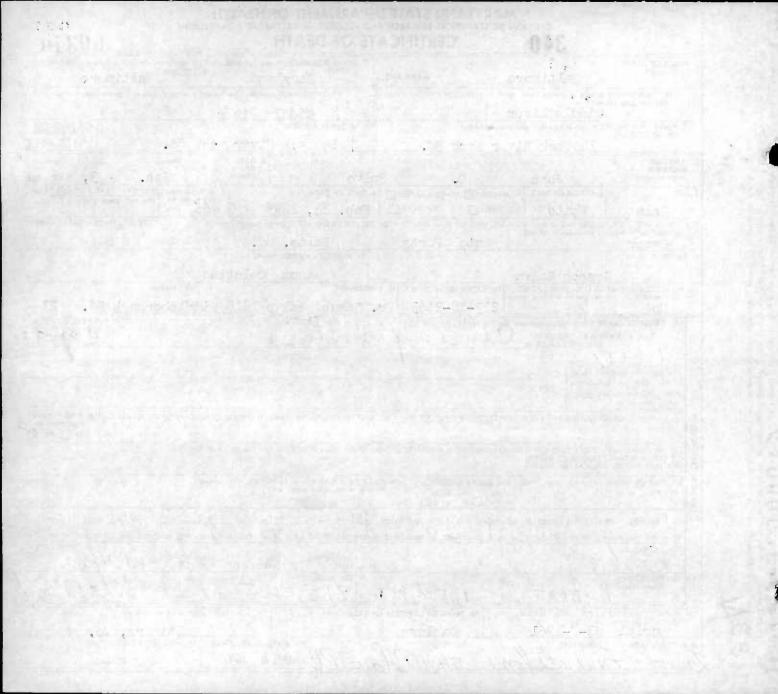
b. CITY OR TOWN (If autside carpo RURAL and give nearest town)	rote limits, write	c. LENGTH OF STAY IN 18	c. CITY	OR TOWN (If au	itside corporo	ote limits, write RI	JRAL ond giv	ve nearest ta	wn)
	River		124	Middle	River	2			
d. NAME OF HOSPITAL (If not in he OR INSTITUTION	spital, give street a	ddress)	d. STR	EET ADDRESS				e. IS R	ESIDENCE A FARM?
	ck River	Neck Rd.	1 1	4 Back R	liver 1	Weck Rd.	4-0 YES		□ NO □
3. NAME OF	First	Middle		Last	4. DATE	Mon	th	Day	Year
DECEASED (Type or print)	ohn	В.	Salvo		OF DEATH	J	an.	3.	19 61
5. SEX 6. COLOR O	R RACE 7. MARRII	DE NEVER MARRIED	8. DATE OF	BIRTH	9	AGE (In years	-	YEAR IF UN	
Male Whit	e WIDOWE	DIVORCED	Feb.	24, 1895	5	last birthday) 65 yrs.	Months D	Days Haur	s Min.
10a. USUAL OCCUPATION (Give kind during mast af working life, even	of work done 10b. K	IND OF BUSINESS OR INI	DUSTRY 11. BIF	RTHPLACE (State of	r foreign cou	intry)	12. CITIZI	EN OF WHAT	COUNTRY?
Owner		uto Parts		Balto. M	ld.		U	SA	
13. FATHER'S NAME			14. MOTI	HER'S MAIDEN NA	AME				
Joseph	Ovriez			Anna	Culott	t.a			
15. WAS DECEASED EVER IN U. S. ARA	AED FORCES? 16. S	OCIAL SECURITY NO. 17	INFORMANT	*********	000000	Addr	ess		
(Yes, no, or unknown) (If yes, give war or		3-18-2063 M	r. Samı	el Salvo	1818	Middleb	orough	Rd.	21
18. CAUSE OF DEATH [Enter onl			- Duning	1		1,200200	01000	INTERVAL	BETWEEN
PART I. DEATH WAS CAUS	ED BY:	mea. 1	No	· Lu ,				ONSET AN	D DEATH
IMMEDIATE C		man of	7	- coco				0	7-3
2-4	DUE TO								
Conditions, if any, which gove rise to immediate	(b)								
cause (o), stating the <u>under-</u>	DUE TO								
lying couse last.	(c)								
PART II. OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO DEATH B	BUT NOT RELAT	ED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WA	FORMED?
\\ \frac{\dagger}{2} \\								YES [NO
20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH	RIBE HOW INJURY OCCUR	RED. (Enter nat	ture of injury in Po	art I or Part	Il of item 1B.)			
	oy, Year 20d. IN	JURY OCCURRED 20e.	PLACE OF INJ	URY (Home, form,	20f. (City o	or town)	(Co	ounty)	(Stote)
Hour a.m.	White at wark	Nat while at wark	toctory, street,	office bldg., etc.)					
21. I certify that (I) (this h			aun	2 19!	D. ta	M-3	.196	(i)	(we) lost
sow the deceased alive or	11 21	19.6 O and the	7	urred ot 3	3	he couses on	-		
22a. SIGNATURE	(D)	// Olid IIIO	i again occ	orica ole_pa	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	THE COUSES ON	g on me		22b. DATE
Cohet V.	Tyder	/	M.D. PHYS.	NDING MEI	D. RECTOR [STAFF PHYS.	1/	4/60	SIGNED
22c. PHYSICIAN'S NAME (Type) ROBE	RJ J.	LYDEN, M.	D. 8	15 Cm	ten	ave.	Br	42	1 mg
230. BURIAL, CREMATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	OR CREMATO	RY	23d. LOCATI	ON (City, town, o	or county)	(S	tate)
REMOVAL (Specify) Burial 1-7-1	961	Oaklawn				Balti	more,	Md.	
24. FUNERAL DIRECTOR'S SIGNATURE	1 11	ADDRESS	0	2So. REC'D	BY REGISTR	AR 25b. REGIS	STRAR'S SIGI	NATURE	

DAMAN 9

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Children S. Kraus

VR A1S (4) 15M 9/59



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	341		CERT	IFIC/	ATE OF D	EATH	m-		Reg. Dis	t. No.	Cl	34
1. PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	o. STATE	Maryla		lived. It institution b. COUNTY	-	e belore		on)
RURAL ond give ne	fautside carporate limi arest tawn) SSEX #21	ts, write	c. LENGTH OF STAY	IN 1b		Essex		ate limits, write RI	URAL and g	ive neares	st tawn)	
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	-	oddress)	Tir	d. STREET A	DDRESS		vn Ave.			IS RESII	
3. NAME OF DECEASED (Type or print)	Fir		Middle INTA SALVO		Lasi		4. DATE OF DEATH	Mon Januar		Day		ear 9 67
5. SEX			IED NEVER MARR		8. DATE OF BIRTH	Н		9. AGE (In years lost birthdoy)	IF UNDER	YEAR IF		
Female	White	WIDOWE		-	Decembe	r 14,	1893	lost birthdoy) 67 yrs.	Months	Doys F	lours	Min.
10a. USUAL OCCUPATIO	ing life, even if refired	done 10b.	Retired	OR INDU			or foreign co		12. CITI	USA	WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME		200			
Willia	am Knight					а Н. І	Pfiffe	r				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of s		SOCIAL SECURITY NO 13-10-8383		nformant loward J.	Salv	o S _e	Addi Lme	ess			
Canditions, if or gave rise to it cause (a), stating lying cause last.	nmediate ()										
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	ier significant con	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART		PERFOR	UTOPSY MED? NO
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	CCURRE	D. (Enter nature of	f injury in Po	ort I ar Part	II of item 18.)		- 1		
20c. TIME OF INJURY Hour a. m. p. m.	Y Manth, Day, Ye	20d. It While of work	Not while of work	20e. PL	ACE OF INJURY () ctory, street, office	Home, form, bldg., etc.)	20f. (City	or town)	(C	ounty)		(Stole)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ot! attended the	decease , 19/0		a Co	1960 accurred at	7:30		reet, city or town,	nd an th	ast saw e date	state	decease d abave TE SIGNE
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	Jan. 10	1961	22c. NAME OF CEM		R CREMATORY			imore Co			(State))
23. FUNERAL DIRECTOR	s signature Pruzozinska	all states	Eastern	ve.		24a, REC'D	BY REGISTI	RAR 24b. REGIS	TRAR'S SIG			

MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10342 DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH

. PLACE OF DEAT	H		2. USUAL RESIDENCE	(Where decessed lived, If instituti	
Baltimor	е	MARYLAND	Maryland	b. COUNTY Ba	ltimore
	(if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporete limits, write RURA	L and give nearest town)
Fort How	nd give neerest town) ard	15 Days	Baltimore 2	22	
	PITAL OR INSTITUTION (if not in	n hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
	Administration	n Hospital	735 Aldworth		YES NO
NAME OF DECEASED	First	Middle	Lost 4.	DATE Month	Dey Yeer
(Type or print)	THOMAS	W.	SCHOOLDEN	DEATH January	31 1961
5. SEX	6. COLOR OR RACE 7. MA	ARRIED X NEVER MARRIED 3	. DATE OF BIRTH	9. AGE (In years IF UN	
Male	White wind		November 7, 191		
De. USUAL OCCUPA	ATION (Give kind of work 10 working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County 8	State, or foreign country) 12	. CITIZEN OF WHAT COUNTRY?
Photo Fin		Camera Shop	Baltimore, Ma	aryland	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
William T	. Schoolden		Genieve Lanel	nart	
***************************************	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		cal Records VAI	I.Baltimore 18
	(If yes give we ror detes of service)	270 07 2426 70			Maryland
Yes	WW II DEATH [Enter only one couse	219-01-3420 FO	RT HOWARD DIVIS	STON	INTERVAL BETWEEN
	THE WAS CALLES BY				ONSET AND DEATH
AKI II DE	IMMEDIATE CAUSE (e)	ULMONARY EDEMA			RECENT
1155	DUE TO A	DENOCARCINOMA OF	GALLBLADDER W.	ITH METASTASES	UNKNOWN
Conditions, if ea	ny, which \ 00 To	O LUNG, LIVER AND	D ABDOMINAL LY	MPH NODES	
geve rise to imme	DIJE TO				
(e), steting the	augenying				
	(c)	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART I(e) 19. WAS AUTOPSY
2					PERFORMED?
5		DESCRIPTION DIVINING OF UNITS	(P.)	1 0 - + 11 - 6 (4 10)	YES X NO 1
OR CONTRIBUTION	WAS UNDERLYING [] 2Db. IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	, (Enter neture of injury in Perr	I OF PERT II OF ITEM ID.)	
20c. TIME OF IN Hour e.m			CE OF INJURY (Home, farm, lory, street, office bldg., etc.)	2Df. (City or town)	(County) (State)
21 certify	that M (this hospital) a	ttended the deceased from.	January 16 196	ol, to January 31,	1901, that (4) (we) las
		y 31161, and that	7:0		
22e. SIGNATURE		January and man	godin occurac ciprv.	THE THE THE THE	22b. DATE
7220. 313173	Z NA		ATTENDING MED	CTOR PHYS.	SIGNED
22c. PHYSICIAN	Comer	ration "	22d. ADDRESS	CIOK [] FIII3. K]	-/ 3-
THOMAS	F. CRAHAN, M.D			ORE 18, MD. FOR	-HOWARD DIVISI
30. BURIAL, CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY		3d. LOCATION (City, town or	county) (Stete)
REMOVAL (Specific Burial	1 2-3-1	/ Bel Air Men	norial Park	Bel Air, Mary	/land
24 FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS		BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
					of S. Kroud
Wm.Cook-Bl	ight, Inc., 6009	Harford Rd., Bal	CO. 14MQ . DATE FEL	30 01 0	

TO HOS

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

See A may be retained by the hospital or attending physician.

See TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral confector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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CHOING'F. CARDAIN, 1810.

A Principal of the Lord Control Principal Control Cont

Na. Jook-Bit hv. Inc., 6809 Amriord Na., Bello. 1431. 1 and the continuous files

45)		343 CERTIFICATE OF DEATH Reg. Dist.	No. 00343
Page I director	7	1.	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b o. STATE b. COUNTY	11 .
erol be fi			b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
ofter de the fun should	1911		Catonsville Years Thomas Phoenix Rur	
NAN	1110		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION SPRING Grove State Hosp South side Road	e. IS RESIDENCE ON A FARM? YES NO
24 hour	77		NAME OF DECEASED C. A. DATE Month OF	Day Yeor
ithin 2 ly fille Pages		_		19 6/
d w			m widowed Divorced 2-4-97 lost birthdoy) Months Doy	ys Hours Min.
and component death.	1	100	during most of working life even if retired)	N OF WHAT COUNTRY $S \cdot A$
an and carbon	1)	13.	FATHER'S NAME	
sicio			George Joseph SCHRUFER mary C Burgan	
ng physici e remove 72 hours		15. (Ye	was deceased ever in u. s. armed forces? Its social security no. 17. Informant Records Spring Grove Security Address Records Spring Grove Security Records Spring Grove Security Records	TATE HOS
endi leas thin			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	NTERVAL BETWEEN
he of the d	370		PART I. DEATH WAS CAUSED BY: Generalized peritonitis	DNSET AND DEATH
y th Th			570.5 DUE TO	
es the			Conditions, if ony, which gove rise to immediate (b) Intestinal obstruction	
sign d in			couse (o), stoting the under- lying couse lost. DUE TO (c) Post-Operative adhesions	
sicion. seen si ronsit		NOIL		19. WAS AUTOPSY
phy phy nos b riol-t		3		PERFORMED?
ending ficate f ficate the the bur	2	CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)	
ar off ar off s certi se as notion,		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. 20f. (City or town) (Coun foctory, street, office bldg., etc.)	ity) (State)
opitol in this for u	333	ž.		
Pos Pos Affe Pied	HK.		/	
TTEN the OR:			olive on, 19, ond that death occurred ot _9 49M, from the causes and on the ADDRESS (Street, city or town, state)	dote stated above
R A bd by			SIGNATURE Stella Washeles M.D. SPRING Grove State	Hospital
AK DIRE hould be fror prior			PHYSICIAN'S NAME (Type) Catonsville 28 md	
OSPIT be JNERAK JNERAK registrar		220	o. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
may hope			BURIAL JAN. 18,1961 PROVIDENCE METH, CEM. PROVIDENCE, BALTO, CO.	
VS A15 (4)	7	23.	BUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	TURE
15M 10/57	10	Vi	WAN DURMS JOH 610 YORK ROAD DATE AN 18'61 Callen & to	
	13		1000 son, nea.	7-0-1-0-1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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First a conservation of	HIANU ROOM	CERTIFICA	1.27	
		September 1		
	Name of the last			
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NARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	ARY	LAND	STATE	DEPART	MENT	OF HE	ALTH-	BALTIMORE,	18
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344 CERTIFICATE OF DEATH

Reg. Dist. No. 60344

1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARYL		D. STATE	ence (Who	-	d lived. If institut b. COUNTY		nce before	
RURAL and give ne	TTS .		c. LENGTH OF STAY I	N 1b	1 -	OWN (If a	utside carpo	orate limits, write f	-		
Rural	Tows			12	Rural				'1	OWB	
OR INSTITUTION	AL (If not in hospital, gi Glenarm Ros		oddress)		d. STREET AD	arm F	Road				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Sister Man		Middle adolpha Sch	ultz	Last		4. DATE OF DEATH	Moi Jan	nth	8	
5. SEX Female		7. MARR	NEVER MARRIED DIVORCED		May 17.	1872		9. AGE (In years last by the day)	IF UNDER	Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of work Teacher	ing life, even if retired)		KIND OF BUSINESS OF	RINDUSTR		CE (Stote of				U.S	A.
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
Ru	dolph Schul	ltz			Walb	urga	Riehl				
15. WAS DECEASED EVER	IN U. S. ARMED FORG	CES? 16.	SOCIAL SECURITY NO.	1	DRMANT	D .			dress		A 141
				518	ter M.	Peter	r Four	cler No	tch (Hif	f, Md.
ICATIC	he <u>under-</u> ER SIGNIFICANT CONE	DITIONS C	eclerotic V	TH BUT NO	OT RELATED TO 1	THE TERMIN			VEN IN PAI	RT 1(o)	19. WAS AUTOPSY PERFORMED? YES NO [
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter nature of	injury in P	ort for Pa	rt II of item 18.)			
20c. TIME OF INJURY Haur a. m. p. m.	f Manth, Day, Yea f9	r 20d. It While of worl	_ Nat while _	20e. PLACI foctor	OF INJURY (H y, street, affice	ome, form, bldg., etc.	, 20f. (Cit	y or town)		(County)	(State)
21. I certify th	ot I offended the	deceos	ed from Dec.		1952	to Ja	in.	1961	that 1	last se	ow the deceose
alive on Jam		10		deoth o	7501		ADDRESS (S		and on 1	the do	ote stated above DATE SIGNE 1/8/61
PHYSICIAN'S NAME (Type)	harles F. (D' Dor	nnell M.D.	/							
22a. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREO	61.	22c. NAME OF CEME	MAR	REMATORY		4.1	TION (City, town, H CLIFF	or county)	ows	(State)
23. FUNERAL DIRECTOR'S	Seiler 901		ADDRESS LONKLING LTO, 24,	ST		24a. REC'D	BY REGIS		ISTRAR'S SI	GNATU	RE

a Mariana	HYARD TO BYAD	CERTIFI	
			and a second
1.00			
PARTY AND LICE AS AND LY	description from the reserve		
	distribution and franchis		
	Marie O. A. P. Chicago Spills		· Claring
			ing it somethings
and the same of the same of			

CERTIFICATE OF DEATH

00345 Reg. Dist. No

	345 CERTIFICATE C	OF DEATH Reg. Dist. No.
	o. COUNTY G. ST	AL RESIDENCE (Where deceased lived. If institution: Residence before admission) TATE b. COUNTY Daltimore
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	OR INSTITUTION	street address e. is residence on a farm? POL N. Charles Street. YES No X
	3. NAME OF First Middle OT Schwanewede	Lost 4. DATE Month Doy Year OF DEATH January 13 1961
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE C Sep White WIDOWED DIVORCED Sep	ot. 21-1894 66 yrs. Months Doys Hours Min.
		Newark N.J. USA
	Frederick Schwanewede	other's maiden name Aarie ?
,	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAR (Yes, no or unknown) (If yes, give wor or dates of service) 247-68-669Record	
	18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Oromany C	interval between onset and death 30 m: 27
	gave rise to immediate	ardio-Vascular Disease Zyears
	cause (a), stating the <u>under-</u> DUE TO Lying cause last. (c)	V V
	CATI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES □ ND 花紋
	20c. TIME OF INJURY Month, Doy, Year Not while of work of two of work to the colory, street of work to the colory to the color t	NJURY (Home, farm, et, office bldg., etc.) 20f. (City or town) (County) (State)
	21. I certify that I ottended the deceased from. Van. 8, 1 olive on 1961, and that death accurre	1961, ta Van 13, 1961, that I lost saw the deceased at 1:00 P.M., fram the couses and on the date stated above
	ACTUAL SIGNATURE OF M.D	3202 Hanterd Rd. 1/14/6/
	PHYSICIAN'S NAME (Type) / Lay M. Zimonerman	Bal Timore - 18, Md.
		Cemetery Woodlawn-Maryland
/	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1300 EUTAW PI	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

D HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be and by the haspital or attending physician.

5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs offer death. TO HOSPIT may be TO FUNERAL

VS A1S (4) 15M 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 347

CERTIFICATE OF DEATH

Reg. Dist. No. 0347

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where of o. STATE		n: Residence before admission)
Baltimore	MARYLAND	Mary lar	ad b. COUNTY	/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporate limits, write RU	RAL and give nearest town)
	lyrumth20dys	Baltimore	3V	0 1 - 4
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE
	SPITAL	2325 North M	Monroe St.	ON A FARM? YES NO
3. NAME OF First	Middle	Lost 4.	DATE Month	h Day Yeor
(Type or print) Har Ty		Seloff	OF DEATH	U 13. 1961
	HED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years last by thou)	IF UNDER 1 YEAR IF UNDER 24 HRS.
male white WIDOWE	DIVORCED	Dec. 25, 1901		Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	70000	Maryland		U. S. A.
13. FATHER'S NAME	1410	14. MOTHER'S MAIDEN NAME		
Myerr Seloff		Bessie Stei	inherg	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	ess
(If yes, give war or dates of service)	none Re	cords: SPRING	GROVE STATE	HOSPITAL
18. CAUSE OF DEATH [Enter only one cause per lin		coras, bitthed	GIOVE DIALE	
PART I. DEATH WAS CAUSED BY:	110 10 100	lie lexió	20 20	ONSET AND DEATH
IMMEDIATE CAUSE (o)	ne ration	ac xino	N OF	
DUE TO	left t	leuc	V	
Canditians, if any, which gove rise to immediate (b)		-		
couse (a), stoting the under-				
lying couse lost.) (c)	CANTRIBUTING TO DEATH BUT	NAT BELLTED TO THE TERMINAL		
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVE	PERFORMED?
T 20- ACCIDENT WAS INDERIVED ED 1204 DESC	CRISC WOLLD BARRIES OF STREET		0 . 11 . 12 . 12 .	YES NO P
PART II. OTHER SIGNIFICANT CONDITIONS C 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I	or Part II of item 18.)	
		Act of history at		
A Hour o. m. While	Not while 20e. PL	ACE OF INJURY IHome, form, 20 ctory, street, office bldg., etc.)	H. (City or town)	(County) (State)
	0 0			
21. I certify that I attended the decease	d from Sept.	7, 1960, ta Jas	NU 27 x 13 1961	,that I last saw the deceased
alive an Uanvary 13 , 19 (e_1_, and that death	accurred at 630 P.M	, fram the causes ar	nd an the date stated above
Class II	1 a A . D.		RESS (Street, city or town, si	
SIGNATURE STERRY W	acateer	M.D. SPRING GRO	OVE STATE H	HOSPITAL
PHYSICIAN'S STELLA W	DAHC: C	- D		
NAME (Type)	ACHSLE	1 Catmsville	28, Marylar	nd
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d.	LOCATION (City, town or	county) (State)
REMOVAL (Specify)	Helrew	Houng Miss	1/ond la	in mi.
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1 24a. REC'D BY	REGISTRAR 246. REGIST	RAR'S SIGNATURE
Sol Human Hos Col.	10 Kustinta	WALES DATE	6 '61 (3.4)	Lug & Flores.
			1 4/6/	12/1 /2/1 / 4/1

	OD BROWNING	THE OF HEALTH AL	STATE DEPARTME	MARYLAND	
e",		HE OF DEATH	CERTIFICA	736	
	Section 1			······································	
			SHOWN TO SERVICE STREET		
		State of the			
					ATTENIA PRO PRO
			FREE LANDS		
			Name of the last		

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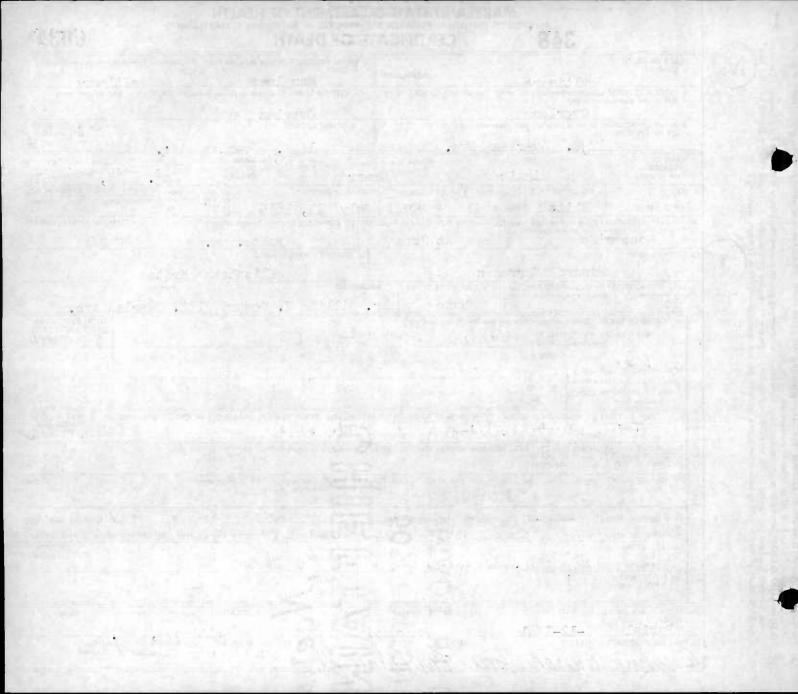
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

348

00348

1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	b. 1	COUNTY	ti mare
b. CITY OR TOWN (If autside carporate limi RURAL and give nearest tawn)		c. CITY OR TOWN (IF	autside carporate limit		
d. NAME OF HOSPITAL (If not in haspital, g OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF Fin	erlea Ave. Middle	Last	4. DATE	Manth	Day Year
DECEASED		eward	OF DEATH	Jan.	8. 1961
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (11 1	1 YEAR IF UNDER 24 HRS. Days Hours Min.
Female White	WIDOWED DIVORCED	July 11, 18	385 75	yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired HOUSEWLF e	done 10b. KIND OF BUSINESS OR INDU	E	Balto. Md.	12. CITI2	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	errmann		Elizabeth	Krotee	
1S. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no, or unknown) (If yes, give war or dates of s	service)	NFORMANT		Address	
No		c. William J.	Seward 1	E. Overle	
1B. CAUSE OF DEATH [Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Chair - 1	Stonoch			ONSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. Conditions, if any, which gave last. (b) DUE TO PART II. OTHER SIGNIFICANT CON		NOT RELATED TO THE TERM	MINAL DISEASE CONDI	TION GIVEN IN PART	1 1(a) 19. WAS AUTOPSY
3 arterioschertz	cardiovoscular	disease			PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CON OTTENDO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af ite	m 1B.)	
70 20c. TIME OF INJURY Month, Day, Ye Hour a.m. 19	ar 20d. INJURY OCCURRED 20e. PL While Nat while at wark at wark	ACE OF INJURY (Hame, far ctary, street, affice bldg., et	rm, 20f. (City or town)	(C	County) (State)
21. I certify that (I) (th is hospital	l) attended the deceased fram		245, to Jes	8 , 196	that (1) (we) last
saw the deceased alive an	Man X 1961, and that a	death accurred at 2	P.M. fram the ca	uses and an the	
220. SIGNATURE HOURS	ers hermen &?	M.D. ATTENDING PHYS.	MED. STAFF		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	3	22d. ADDRESS -	ra Cont	2	
230. BURIAL, CREMATION, REMOVAL (Specify) Burial 1-12-196			23d. LOCATION (Cit	y, tawn, ar caunty)	(State)
24. FUNERAL DIRECTOR'S SIGNATURE	Home 7401 Box	7 25a. REC		256. REGISTRAR'S SIC	



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 210

00240

1. PLACE OF DEATH o. COUNTY							
				CE (Where deceose	d lived. If institution	on: Residence be	efare admissian)
	imore	MARYLAND	o. STATE Md .		b. COUNTY	Balto	
b. CITY OR TOWN (If out	side corporate limits, w	rite c. LENGTH OF STAY IN 16	11	VN (If outside corpo	prote limits, write R		nearest town)
RURAL and give neares			X Ann	eslie			
d. NAME OF HOSPITAL (I		itreet address)	d STREET ADD				e. IS RESIDENCE
OR INSTITUTION			608		r Pd		ON A FARM? YES NO IN
608 Murd			000		a na.	A	I IES NO IV
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mon	1	Day Year
(Type or print)	Joseph	Edward	Sheedy	DEATH	Jar	1. 4	19 01
5. SEX 6.	COLOR OR RACE 7.	MARRIED 🔼 NEVER MARRIED 🗌	B. DATE OF BIRTH		9. AGE (In years last birthday)		AR IF UNDER 24 HRS
M	W wit	DOWED DIVORCED	9-5-189	0	70 yrs.	Months Doy	s Hours Min.
10a. USUAL OCCUPATION (Give kind af work done	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State ar fareign o	country)	12. CITIZEN	OF WHAT COUNTRY
during most of warking	etrician	Electric	Maryl	and		U.S	S.
Master Elec	, UI T C T AII	TITOOOTTO	14. MOTHER'S MA				
	T Chan	2		a Woric	le		
Joseph 1s. was deceased ever in			NFORMANT	a norte.	Add	-011	
	, give war or dates of service)			Ti Cilo			
no		217-16-6861	Mrs.Ruth	E. Sne	eay	Samo	8
18. CAUSE OF DEATH	[Enter anly ane couse	per line far (o), (b), and (c).]					NTERVAL BETWEEN
PART I. DEATH V	WAS CAUSED BY: MEDIATE CAUSE (a)	ARTERISS CLE	ROTIC	HETRI	DISI	178C	10 185
LIAM	DUE TO	18 (00.0)	-				
Conditions, if ony.	which)	cours	8 Tide	FALLUR	K		2 MOS
Conditions, if ony, gave rise to imme	diate (DUE TO	coust	871VÉ	FRILUR	K		2 MOS
gave rise to imme couse (o), stoting the	diate DUE TO	coug	371VÉ	FRILUR	CR		2 MOS
gave rise to imme couse (o), stoting the y	DUE TO (c)					VEN IN DADT I/o	
gave rise to imme couse (o), stoting the y	DUE TO (c)	COUS!				'EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
gave rise to imme couse (o), stoting the lying couse lost. PART II. OTHER S	diate DUE TO (c)	ONS <u>CONTRIBUTING TO DEATH</u> BU'	T NOT RELATED TO TH	ETERMINAL DISEAS	SE CONDITION GIV	'EN IN PART 1(a	119. WAS AUTOPSY
gave rise to imme couse (o), stoting the lying couse lost. PART II. OTHER S	diate DUE TO (c)		T NOT RELATED TO TH	ETERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
gave rise to imme couse (o), stoting the lying couse lost. PART II. OTHER S 20a. ACCIDENT WAS UIT OR CONTRIBUTING (IF EITHER, NOTIFY MED	diate DUE TO CC COMMITTEE COMMI	ONS <u>CONTRIBUTING TO DEATH</u> BU . DESCRIBE HOW INJURY OCCURRE	T NOT RELATED TO TH	ETERMINAL DISEAS	SE CONDITION GIV	'EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
gave rise to imme couse (o), stoting the lying couse lost. PART II. OTHER S 20a. ACCIDENT WAS UIT OR CONTRIBUTING (IF EITHER, NOTIFY MED	didate DUE TO CONTROL (c) CONTROL (c) CONTROL (c) CONTROL (c) CAUSE OF DEATH DICAL EXAMINER)	ONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRE 20d. INJURY OCCURRED 20e. PI	T NOT RELATED TO THE	ETERMINAL DISEAS	SE CONDITION GIV	(Caun) 19. WAS AUTOPSY PERFORMED? YES NO
gave rise to imme couse (o), stoting the lying couse lost. PART II. OTHER S 20a. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER, NOTIFY MED	ordinate DUE TO (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ONS CONTRIBUTING TO DEATH BU' DESCRIBE HOW INJURY OCCURRE 20d. INJURY OCCURRED 20e. PI	T NOT RELATED TO TH	ETERMINAL DISEAS	SE CONDITION GIV) 19. WAS AUTOPSY PERFORMED? YES NO
gave rise to imme couse (o), stoting the ylying couse lost. PART II. OTHER S PART III. OTHER S 20a. ACCIDENT WAS UIT OR CONTRIBUTING [] (IF EITHER, NOTIFY MED 20c. TIME OF INJURY MED W Hour o. m. p. m.	diate DUE TO (c) (c) (c) (d) MORERLYING (1) CAUSE OF DEATH CONDITIONAL EXAMINER) Manth, Day, Year 2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ONS CONTRIBUTING TO DEATH BU DESCRIBE HOW INJURY OCCURRE ON THE STATE OF THE STAT	T NOT RELATED TO THE ED. (Enter nature of in ACE OF INJURY (Har ictory, street, affice bl	eterminal Diseas jury in Part I or Pa ne, farm, 20f. (Cit dg., etc.)	SE CONDITION GIV rt II af item 1B.) y ar town)	(Cauni	19. WAS AUTOPSY PERFORMED? YES NO
gave rise ta imme couse (o), stoting the lying couse lost. PART II. OTHER S 20a. ACCIDENT WAS UP OR CONTRIBUTING 10 (IF EITHER, NOTIFY MED Hour o. m. P. m. 21. I certify that (I	DUE TO COLUMN TO DUE TO COLUMN TO DUE TO COLUMN TO DUE TO COLUMN TO DUE TO CAUSE OF DEATH DICAL EXAMINER) Adanth, Day, Year 19 (this haspital) at	ONS CONTRIBUTING TO DEATH BUT. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Nat while for the wark of the deceased from.	D. (Enter nature of in ACE OF INJURY (Haratory, street, affice bl	ererminal Diseasions in Part 1 or Pa	of town)	(Cauni	19. WAS AUTOPSY PERFORMED? YES NO ty) (State)
gave rise to imme couse (o), stoting the lying couse lost. PART II. OTHER S 20a. ACCIDENT WAS UIT OR CONTRIBUTING [] (IF EITHER, NOTIFY MED Hour o. m. p. m. 21. I certify that (I's saw the deceased	DUE TO COLUMN TO DUE TO COLUMN TO DUE TO COLUMN TO DUE TO COLUMN TO DUE TO CAUSE OF DEATH DICAL EXAMINER) Adonth, Day, Year 19 (this haspital) at	DNS CONTRIBUTING TO DEATH BU DESCRIBE HOW INJURY OCCURRED While Nat while twark of wark thended the deceased from.	D. (Enter nature of in ACE OF INJURY (Haratory, street, affice bl	ererminal Diseasions in Part 1 or Pa	of town)	(Cauni	19. WAS AUTOPSY PERFORMED? YES NO (State that (I) (we) lass the stated abave
gave rise to imme couse (o), stoting the ying couse lost. PART II. OTHER S 20a. ACCIDENT WAS UP OR CONTRIBUTING 10 (IF EITHER, NOTIFY MED Hour o. m. p. m. 21. I certify that (I	DUE TO COLUMN TO DUE TO COLUMN TO DUE TO COLUMN TO DUE TO COLUMN TO DUE TO CAUSE OF DEATH DICAL EXAMINER) Adonth, Day, Year 19 (this haspital) at	ONS CONTRIBUTING TO DEATH BUT. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Nat while for the wark of the deceased from.	D. (Enter nature of in ACE OF INJURY (Haractory, street, affice black) HAY-27 death accurred c	iury in Part I or Part I o	or town) STAFF	(Cauni	that (I) (we) last stated abave
gave rise to imme couse (o), stoting the lying couse lost. PART II. OTHER S 20a. ACCIDENT WAS UP OR CONTRIBUTING COR CONTRIBUTING COR CONTRIBUTION DE CORDEN DE CONTRIBUTION DE CORDEN DE CONTRIBUTION DE CO	DUE TO COLUMN TO DUE TO COLUMN TO DUE TO COLUMN TO DUE TO COLUMN TO DUE TO CAUSE OF DEATH DICAL EXAMINER) Adonth, Day, Year 19 (this haspital) at	DNS CONTRIBUTING TO DEATH BU DESCRIBE HOW INJURY OCCURRED While Nat while twark of wark thended the deceased from.	T NOT RELATED TO THE D. (Enter nature of in ACE OF INJURY (Harctory, street, affice black) accurred communication of the ATTENDING PHYS.	iury in Part 1 or Part 1 o	or town) STAFF	(Cauni	that (I) (we) last stated abave 22b.DATE SIGNED
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gave rise to imme couse (o), stoting the lying couse lost. PART II. OTHER S 20a. ACCIDENT WAS UI 20a. ACCIDENT WAS UI 20a. ACCIDENT WAS UI 20a. ACCIDENT WAS UI 20a. TIME OF INJURY A Hour o.m. p. m. 21. I certify that (II saw the deceased 22a. SIGNATURE 22a. BURIAL, CREMATION,	DUE TO COLUMN TO DUE TO COLUMN TO DUE TO COLUMN TO DUE TO COLUMN TO DUE TO CAUSE OF DEATH DICAL EXAMINER) Adonth, Day, Year 19 (this haspital) at	DNS CONTRIBUTING TO DEATH BU DESCRIBE HOW INJURY OCCURRED While Nat while twark of wark thended the deceased from.	ACE OF INJURY (Harictory, street, affice block) MAY -27 death accurred complete ac	iury in Part 1 or Part 1 o	se CONDITION GIV It II af item 18.) y ar town) SAU-4 the causes an STAFF PHYS.	(Cauni , 19 61 , d an the da	that (I) (we) last stated abave 22b. DATE SIGNED
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Purs ofter death. Page 4 the funeral directar, should be filed with 20 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Board at Health priar ta burial, cremation, ar remaval, and in ony event, within 72 haurs after death... OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP VR A15 (4) 15M 9/59

10.75 M 678 anomiddel . D. Windpolmet 60d C. Jasett La Barra Brist Cart The self of the section Your and the next the wall of St. Bat ar shorte Tare - 12 at Shipting the 2 Half 2 A DATE OF THE RESERVE THE RESIDENCE OF THE PARTY OF T SHEP OF THE SE SEC. I WE WE KNOW TO TRAVES STATE OF THE PARTY miles and other the second of the contract of contract.

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	1. PLACE OF DEATH G. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COLINTY
	Baltimore MARYLA	Md. Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Rural Pikesville 32 yrs.	
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Marriotts Lane & Old Court Rd.	Marriotts Lane & Old Court Rd S □ NO X
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) Raymond Wesley	Shipley DEATH January 19, 19 61
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Months Days Hours Min.
	Male White WIDOWED DIVORCED [Sept. 15.1891 69 yrs.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Fink Maryland U.S.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	George S. Shipley	Leanna Eyler
1	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dotes of service)	17. INFORMANT Old Court Rd., Piksvi
	Yes W.W.1	Mrs. Ruth R. Shipley, Marriotts Lane &
	1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	romary (Ilrombosis 5min
	HAO I DUE TO	10.
	Conditions, if ony, which) (b) COro.	nary Gusulticiency 16 mins
	gove rise to immediate DUE TO	
	lying couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		YES NO X
3	OR CONTRIBUTING CAUSE OF DEATH	URRED. (Enter nature of injury in Part I or Part II of item 1B.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of twork	De. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) !
	p. m. 19 of work of work	
Н	21. I certify that (I) (this haspital) attended the deceased fr	am Sept 1959, to Jan 1974, 1961, that (1) (we) last
		not death accurred at A.M. fram the causes and on the date stated above.
1	22a. SIGNATURE	ATTENDING MED STAFF SIGNED
	anced muce do	M.D. PHYS. DIRECTOR PHYS.
	MAME (Type) Tames A. Miller M.	D 22d. ADDRESS 1331 Re,13+e15+1mn Rd. 1/2/11
	James II III III III E	BIKESYIME JIMA. 1990!
	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETI	ERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	Burial Jan. 21, 1961 Mt. Oliv	ve Cemetery Randallstown, Md.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS?	250. REC PAN REGISTRAR 25b. REGISTRAR'S SIGNATURE Outling & Known
1	Frank H. Henrell Jak	

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	J. J. Strang	
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Reg. Dist. No. 60352

a. COUNTY	Ba	altimore	9-3	MARYL	AND	o. STATE Mary	land	b. COUNTY	Prin	ce G	eorge /
b. CITY OR TO	give ne	outside corporate limi orest town) 7111e 28	ts, write	6Mo.15 da		c. CITY OR TOWN (IF			URAL ond	give neo	arest town)
OR INSTITU	ITION	at (If not in hospitol, g				d. STREET ADDRESS 7756 Dec	atur Ro	d.			e. IS RESIDENCE ON A FARM?, YES NO
3. NAME OF DECEASED (Type or print)	A	Fii Lbert		Middle Waverly		Smith	4. DATE OF DEATH	Janua		20	
5. SEX Male		6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED	_	Date of Birth	8	9. AGE (In years lost-birthdoy) yrs.	Menths .	R I YEAR	Hours Min.
Railroa	d co	N (Give kind of working life, even if retired)	3	KIND OF BUSINESS OR Railroad	_				12. CI		S. A.
13. FATHER'S NA		Jnknown				14. MOTHER'S MAIDEN	Unknow	wn			
1S, WAS DECEAS (Yes, no, or unknown)		IN U. S. ARMED FOR If yes, give wor or dates of s		SOCIAL SECURITY NO.	17, INF	PRMANT HOSP	ital re	ecords	ress		
Condition gove rise couse (o), s lying couse	2, / s, if on to in toting to	he under-)F	Bronchopne durulent bro	nchi	tis with em			VEN IN PA		PERFORMED?
(IF EITHER, N	INJURY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yee	or 20d. II	CRIBE HOW INJURY OCI	Oe. PLACI	Enter noture of injury in OF INJURY (Home, for y, street, office bldg., et	m, 20f. (City			(County)	YES A NO (Stote)
	Nan.		196	ed from July 1 , and that a Livery Gimene	death a	Spring	OPM, from	n the causes of reet, city or town, State 1	and an i	the dat	
ASMOVAL (S	pecify)	1-24	.61	22c. NAME OF CEMET	mte	REMATORY Da	22d. LOCAT	Con (City, town, o	nt	on	(Stote)
S FUNERAL DIRI	al.	- Mreer	7	ADDRESS V	Me	Der DATE	N 2 5 '61		STRAR'S SI		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 353 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY BALTIMORE b. COUNTY MARYLAND BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 32 yrs. HOENIX d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? JARRETTSUILLE PIKE Jerretts Ville Pike YES IN NO [NAME OF 4. DATE Middle Day Year OF DEATH CHARLES MARION TANUARY (Type or print) SMITH 196 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) LISA GROCERY STERE MARYLAND PROPINCETOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME offe SMITH William CUSSIE ROYSTON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Helen Kutherine Smith (wite) Phoenix, Meryland NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). SHOCK IVASOMORTOR COLLAPSE 2.1 minutes. DUE TO ACUTE PULMONARY EDEMA Conditions, if any, which gove rise to immediate DUE TO MYOCARDIAL INFARCTION. cause (a), sloling the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES INO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) Hour a. ft. foctory, street, office bldg., etc.) Not while at work at work 21. I certify that I attended the deceased from January 17 Yanuary 17, 19 61, that I last saw the deceased . to , and that death occurred at 7:14 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 1º CORKLE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, town, or county) Chestnut Grove Acksonville Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE Brooks Funeral Service Towson 4. Md DATE 188 1 9 '61 Thorne

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MARYLAND STATE DEPARTMENT OF HEALTH-SALEIMORE, IN

16)	MARYLAND STATE DEPARTMENT OF HEALTH
(0)	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLA
	OF A CERTIFICATE OF DEATH

	(6) MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND						
	354 CERTIFICA	00354					
	1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution a. STATE D, b. COUNTY	Residence befare admission)				
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give scarest town) ATONS VILLE VR	c. CITY OR TOWN (If autside carporate limits, write RUI CATONSVILLE	RAL and give nearest town)				
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION RD 1	1304 WESTOWNE	PD. e. IS RESIDENCE ON A FARM YES NO				
	3. NAME OF DECEASED (Type or print) FRANKLIN W.	SONGER 4. DATE OF DEATH JAN	30, 1961				
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	JUNE 30, 1897 63 yrs.	F UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.				
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU-during most of working life, even it retired) ANTERICAN PAVING	ISTRY 11. BIRTHPLACE (State ar foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?				
1	13. FATHER'S NAME FRANK A SONGER	14. MOTHER'S MAIDEN NAME ELSIE VASBINDEN	LUCIA				
)	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT EMILY SONGERS	CATUSU. 28,N				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CO RONARY ORCAL	Lesion - MYOCALDIAL FUTALE	INTERVAL BETWEEN ONSET AND DEATH.				
Canditions, if any, which) (b) athers solveine & Appet Can, 10 4th							
	gave rise to immediate cause (a), stating the under. Iying cause last. DUE TO CELEBRAL CIRER	70 Salsenie					
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
	1 100- ACCIDENT WAS UNIDERLYING TO 1004 DESCRIPT HOW INCHIEN OCCURRE	ED (Fater and the of laters in Book I as Book II of item 19)					

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (State) (Caunty) factory, street, affice bldg., etc.) Haur a. m. While at wark Nat while at wark p. m.

1961, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram 24.M, from the causes and an the date stated above , and that death accurred at saw the deceased alive an 22a. SIGNATURE 22b.DATE SIGNED ATTENDING MED. DIRECTOR M.D.

(State)

22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS ACGOCA!

PA 23d. LOCATION (City, tawn, ar caunty) 23a. BURIAL, CREMATION, DATE THEREO 23c. NAME OF CEMETERY 23b.

MORELAND R. 4101 EDMONDSON 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR DATE FEB 2

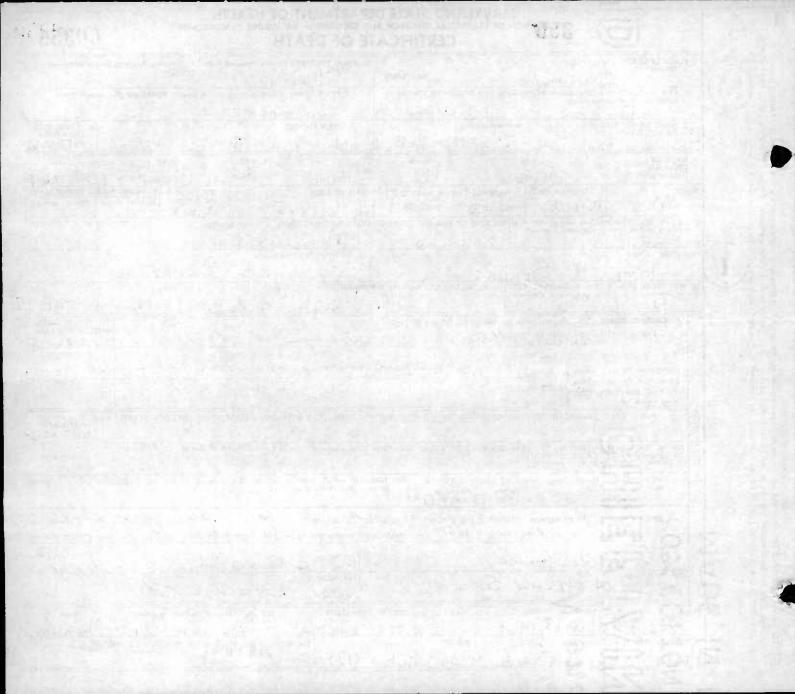
VR A1S (4) 1SM 9/59

ASSESSED AND ASSESSED AND MANAGEMENT OF THE CONTRACTOR LOUGH ALGORIAN AREA SOLUTION Mr. His commendation of the second Plant Sugar AMERICAN COMITS . PA 100 FRANK A DONGER EXISE MIRRINDEN KUCH THE THE TOWNER TO CHING THE NO the state of the second of The same of the sa The state of the s The set of the way of the set of the set of the set of TORAL SEED OF MORE MADERNA LONG TO ME POSTER FOR DESKIND ERMONDED PORTER SERVER TO

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- 1					
	1. PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Who as STATE MARY L	b. COUNTY	nce before admission)
4	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	3	outside carporate limits, write RURAL and	give nearest town)
d	d. NAME OF HOSPITAL (If not in haspital, give street ac	- /	d. STREET ADDRESS	VORTHWOOD DRIVE	e. IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED First	Middle	Lost	4. DATE Manth	VES NO Day Year
	(Type or print) VAMES	W.	DPARKS	DEATH UANUAR	
	S. SEX WILLIE WIDOWED	- The season of	B. DATE OF BIRTH NOU. 6, 1875	9. AGE (In years lost birthdoy) Syrs. IF UNDER Months	Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)		M.		IZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME	AILROAD	14. MOTHER'S MAIDEN N		210111
	JAMES W. SPARK	9	FLIZAB	ETH KICHARDS	No
1		OCIAL SECURITY NO. 17. IN	IFORMANT	Address	> 0
	No. 10. or statement of the service	No	2. JAMES L. 2	PARKS 4602 NORTHW	1000 DR. BALT 1.
	18. CAUSE OF DEATH [Enter anly one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (o), (b), and (c).]	umhage		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which)	ypertensive	. Cardesya	culos desian	10 years
	gove rise to immediate cause (a), stoting the <u>under-</u>	77			1
	, (c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	RT 1(o) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CO				YES NO D
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter noture of injury in F	'art I or Port II of item 18.)	
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJ Hour a. m. While p. m. 19 while	Not while foo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	20f. (City or town)	(Caunty) (State)
	21. I certify that (I) (this hospital) attende	d the deceosed from	Accombay/19	60, 10 January 10196	//, that (I) (wa) lost
	saw the deceosed olive on fucually	10 19 61 , and that d	leath occurred at	M, from the causes and on th	e date stated above.
	220. SIGNATURE allan Frier		M.D. ATTENDING DIE	ED. STAFF RECTOR PHYS.	22b DATE SIGNED
	PAME (Type) A. ALLAN S	PIER,	1501 Pu	ntridge Rd.	
A	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL JAN 13, 1961	23c. NAME OF CEMETERY O	R CREMATORY EMETERY	23d. LOCATION (City, town, or county) BALTIMORE COUNTY	TY MARYLAND
S. C.	24. FUNERAL DIRECTOR'S SIGNATURE HELRY WILLEL KINS & SONS CO.	ADDRESS 4905 YORK RI		D BY REGISTRAR 2 25b. REGISTRAR'S SI	IGNATURE

TO HOSA VR A1S (4) 1SM 9/59



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YSICIAN: The law requires that the death certificate be executed within 24 hours after death:	or attending physician.	certificate has been signed by the attending physicion and campletely filled	e as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be fill
>	-	U	0

			356		CERTI	FICA	ATE OF DEATH	1		Reg. Dist	. No.	035
		LACE OF DEATH . COUNTY B	altimore	1 Care	MARY	LAND	2. USUAL RESIDENCE (WI o. STATE Mary		lived. If institution b. COUNTY		e before admir timore	ssion)
	b	RURAL ond give pe		Table Inc.	or of stay 7mth2d		c. CITY OR TOWN (II o	outside corpo	rote limits, write R	URAL ond gi	ve nearest tow	n)
4	C	NAME OF HOSPIT OR INSTITUTION SPRING G	AL (If not in hospital, give ROVE STATE	HOSPI I	AL		d. street ADDRESS Rou te #16	- Box	229 Eber	nezer	ON	SIDENCE A FARM?
	C	IAME OF ECEASED Type or print)	Will	Liam	Middle Alf		Spa rks	4. DATE OF DEATH	Mon Jan	h uarv	Day 30	Yeor 19 61
	5. S	ame Male	6. COLOR OR RACE 7	MARRIED []	DIVORCE		June 16, 187		9. AGE (In years lost birthdoy)		YEAR IF UND	ER 24 HRS. Min.
	10a.	USUAL OCCUPATION during most of work farmin	ing life, even if refired)	ne 10b. KIND O	F BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (Stole				S. A.	T COUNTRY
-	13. I	ATHER'S NAME			EL FOL		14. MOTHER'S MAIDEN N					
1	15 \	Jack S	parks R IN U. S. ARMED FORCE	sa la cocial	CECHBITY NO	117 86	Tenesse	e Wood				
	{Yes.	no. or unknown)	If yes, give wor or dates of serve	ce)	nown	-	cords: SPRII	VG CROV	Addi VE STATI		PITAL	
	T		TH [Enter only one couse				COLOR: DITEL	va dio	AR OTHER	5 HUQ	INTERVAL B	ETWEEN
		1/7-	nmediote (Arter		otic	erosis e cardiovascu eriosclerosis	lar di	sease		ONSET AND	DEATH
	NO		ER SIGNIFICANT CONDIT				NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WAS	AUTOPSY ORMED?
5	RTIFICATIO						ning; old					NO [
		20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HO	O YAULUI WC	CCURRED). (Enter noture of injury in I	Port I or Part	Il of item 18.)			
	MEDICA	20c. TIME OF INJUR' Hour o. m. p. m.	Month, Day, Year	20d. INJURY O While No of work of	t while	20e. PLA foc	CE OF INJURY (Home, form tory, street, office bldg., etc.	20f. (City	or town)	(Co	ounty)	(Stote)
1		21. I certify the alive an Jactual SIGNATURE	an 30 Le ella			death	accurred at 4:00a	M, from	reet, city or town,	nd an the	e date stat	deceased ed abave ATE SIGNEE 30-61
		PHYSICIAN'S NAME (Type)	Loretta Hsu	, M. D.			<u>Caton svi</u>	ille 2	8. Maryla	and		
	1	BURIAL, CREMATION TEMOVAL (Specify) WALL UNERAL DIRECTOR'S	2/1/6	1/	Please DRESS	etery of	Valley	22d. LOCAT	ION (City, town, c	or county)	uster NATURE	md

	HELT OF HEALTH	IN DEPARTA	ME 014W	TOTAL STATE	
TRITO LA CAR	ATE OF DRATH	CERTIFIC			
			1535		
					4,6328

ours after death. Page 4 may by stained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled—in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the Stote Board of Health prior to burial, cremation, ar removal, and in any event within 72 haurs after death. L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h TO HOS

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR
CERTIFICATE OF DEATH

AKCH AN	IN KECOKN2	- BALTIMORE I, MARTLAND	11137
FICAT	E OF D	EATH	0035

- 1-		
	o. COUNTY B	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jown)	N 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
4	Arbutus 21Vrs	1 Frbutus
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS O. 2 1 Elm Cido & Aug. O. 15 RESIDENCE ON A FARM? YES IN NO DE
F	NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
L	(Type or print) TSEUIDY L. SPO	Err DEATH January 22 1961
1	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IFJONDER 1 YEAR IF UNDER 24 HRS. In the state of the stat
	remare White WIDOWED DIVORCED	007,191911 49 yrs.
	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housework Ounhome	Maryland U.S.H.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Charles Kichter	LOUISE DENWORZ
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. np. gr unknown) (If yes, give wor or dates of service)	17, INFORMANT Address
	No	Joseph H. Sparr 1021 Elmridg + 174 C
	18. CAUSE OF DEATH [Enter only one cause per line (o), (b), ond (c).]	INTERVAL BETWEEN ONSET, AND DEATH
1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	is sarcoure 3 Irs
	DUE TO	
	Conditions, if ony, which) (b)	
1	gove rise to immediate	
	couse (o), stoting the <u>under-</u> lying couse lost.	
		H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
1		PERFORMED? YES \ \ \ NO \
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	CURRED. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 21 Hour o. m. While of work of work	Oe. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fr	rom, JUSA 1956 to LUYY 1961, that (1) (we) last
1		hat death accurred a LM, from the causes and an the date stated above.
	220. SIGNATURE JANA DOOD MI	M.D. ATTENDING MED. STAFF PHYS. 1 - 2 4 SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Pr. I. Rarl Pass M.D.	. Houwilkens Ave gulf 74 M
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETI	ERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	Bar 131 1/25/61 houdon	Fork Centery Bolt, mice Morving
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	imbruce, me 1327 Suphin for	erry Ref. DATE JAN 25'61 Chilmy S. France

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FUNERAL DIRECTOR: certificate assembly

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

60358

358 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Baltimore Maryland COUNTY Baltimore MARYLAND (If outside corporete limits, write RURAL and give neerest town) LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) (in this plece) TOWN Towson TOWN Towson HOSPITAL OR STREET (If rurel give location) INSTITUTION OR ADDRESS 12 Cedar Avenue 12 Cedar Avenue STREET ADDRESS (First) 3. NAME OF (Middle) (Lest) DATE (Month) (Dey) (Yeer) DECEASED Januaryl8.1961 JAMES HARVEY SPICER (Type or Print) DEATH COLOR OR SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, (Specify) Married 80 Hours Mela Jan. 6, 1881 YES. 10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if 10h. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT OR INDUSTRY COUNTRY? USA Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Spicer Elizabeth Marsh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give war or dates of service) 212-07-9822 Family Records No 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO -YES 21e. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele) OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Dey) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Yeer) Not while at work et work January B 19 6 / that I last saw the deceased 22. I hereby certify that I attended the deceased from O alive on 1237 471/, 19 SIGNATURE ADDRESS (Street, city, town, stete) DATE SIGNED BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) Druid Ridge Cemetery Jan. 16.1961 Pikesville. Md. Burial 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE

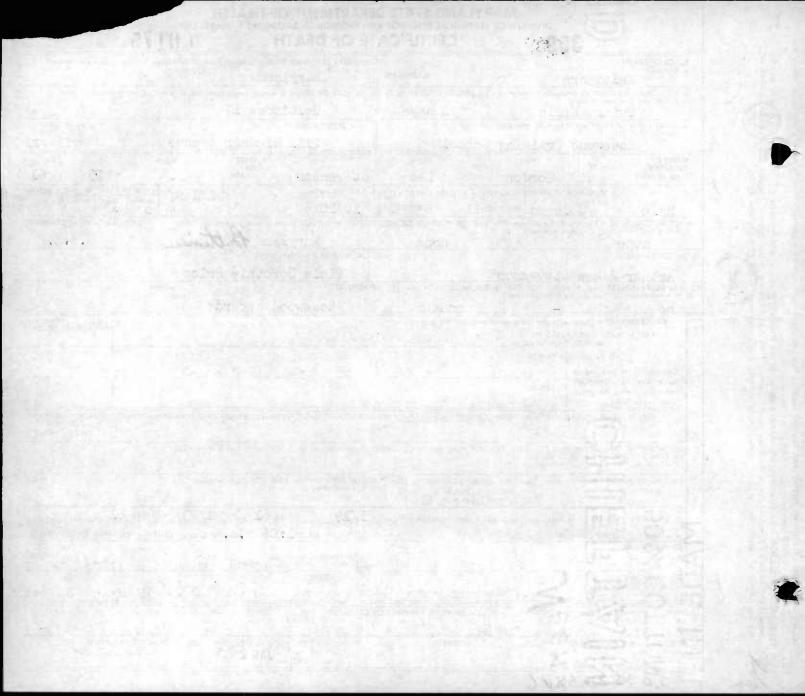
John Burns' Sons, Towson, Md.

MARYLAND STATE DEPARTMENT OF BEAUTY GRANTENDER, 18

	DEATH		CERTIFICAT	
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Reg. Dist. No. 60353

	360	0.00	CERTIF	CA	TE OF DEA	TH			Reg. D	ist. No	UU	359
1. PLACE OF DEATH O. COUNTY Baltin	more	95	MARYLA	ND	2. USUAL RESIDENCE o. STATE Maryland	(Where dec	eased live	I. If institution b. COUNTY	an: Reside	nce befo	re admis	sian)
b. CITY OR TOWN (IF RURAL and give ned Chatte	autside carporate limi arest tawn) Dlanee	its, write	c. LENGTH OF STAY IN	16	Chattola		arporote li	mits, write R	URAL and	give nec	arest faw	n)
d. NAME OF HOSPITA OR INSTITUTION Railre	old (If not in hospital, g	give street (address)		d. STREET ADDRESS		ue				ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Mary Mary		Middle Virgini		Steward	4. DA OF DE	TE ATH	Mon Jai	_{th}	Do		Year 1961
s. sex Female	Colored	WIDOWE			Aug. 4, 18		las	E (In years 1 bushday) yrs.	Months Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during mast of working Housew:	ng lite, even it retired	dane 10b.	KIND OF BUSINESS OR I	NDUS	TRY 11. BIRTHPLACE (SIGNATURE) Chattola				12. CI	U.S.		COUNTRY
Jarrett 1					14. MOTHER'S MAIDE		ell					
IS. WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of s		SOCIAL SECURITY NO.		anche Jones	- Ow	ings	Mills		ary]	land	
Canditions, if an gave rise to im cause (a), stating the lying cause lost.	he <u>under-</u>)	ONTRIBUTING TO DEATH					Stasi's		PT I(a)	2 WAS	AUTOPSY
PART II. OTHI			RIBE HOW INJURY OCCI								PERFC YES	RMED?
20c. TIME OF INJURY Haur a. m. p. m.		While	JURY OCCURRED 20.	e. PLA fact	CE OF INJURY (Home, fo lary, street, affice bldg.,	orm, 20f.	City or to	wn)	((Caunty)		(State)
21. I certify the olive on Actual signature Physician's NAME (Type)	~	deceose 196			, 1956, to_ occurred ot 21 1.0	P.M.	rom the S (Street, o	couses of town,	nd on t	lost so	te stote	decease ed above TE SIGNE
220. BURIAL CREMATION REMOVAL (Specify)	1-18-61	F	Mt. Auburn			22d. LC		City, town, o		ylaı	(Stat	e)
23. FUNERAL DIRECTOR'S Charles R.		Madis	ADDRESS on Ave. Ba	1 to		EC'D BY RE		24b. REGIS		,	RE	

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MARYLAND	STATE DE	PARTMEN	T OF HEAL	LTH
ION OF STATISTICAL	RESEARCH AN	D RECORDS -	BALTIMORE 1,	MARYLAND
CEI	TIEICAT	E OF DE	ATL	

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1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryla	, b	. COUNTY	ence before od ltimore	lmission)
b. CITY OR TOWN (If outside corporate limits, wing RURAL and give nearest town) Randallstown	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lim	nits, write RURAL onc	d give nearest	town)
d. NAME OF HOSPITAL (If not in hospital, give storm or INSTITUTION Liberty Ro		d. STREET ADDRESS	y Road			RESIDENCE N A FARM?
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day	Year
(Type or print) David	Lee	Stewart	OF DEATH	Jan.	16	1961
Mala White	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH Feb. 12,19	lost,	(In years IF UNDI	ER 1 YEAR IF L	INDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	106. KIND OF BUSINESS OR INDU		te or fareign country)	12. C	ITIZEN OF WH	
13. FATHER'S NAME		14. MOTHER'S MAIDEN				
Luther Stewart		Cora C	rabtree			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)		FORMANT Georgia Ta	ckett, 15		akewood on Blvd	
18. CAUSE OF DEATH [Enter only one couse part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if only, which gove rise to immediate couse (o), stoting the under-lying couse lost. Conditions, if only, which gove rise to immediate couse (o), stoting the under-lying couse lost. Conditions, if only, which gove rise to immediate couse (o), stoting the under-lying couse lost. Conditions, if only, which gove rise to immediate couse (o), stoting the under-lying couse lost.	CORONARY C	OCLUSION NOT RELATED TO THE TERM		DITION GIVEN IN PA	ONSET A	AS AUTOPSY
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE				YES	NO
Hour o. m.	Od. INJURY OCCURRED 20e. PL While Not while twork of work	ACE OF INJURY (Home, far ctory, street, office bldg., e	rm, 20f. (City or tow	(n)	(County)	(Stote)
21. I certify that (I) (this haspital) at saw the occeased alive an array of the same than the saw the occasion of the saw the	Ceeller	M.D. ATTENDING PHYS. 22d. ADDRESS	A.M. fram the comed phy	auses and an th	he date sta	(1) (we) last ited abave. 22b. DATE SIGNED
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O			City, town, or county		(Stote)
REMOVAL (Specify) Burial 1/19/61	Ebenezer Ce			l. Cafroll		Md.
24. RUNGAD DIRECTOR'S SIGNATURE	8728 Liberty Randallstown	Rd . 250. REG	C'D BY REGISTRAR JAN 2 3 '61	25b. REGISTRAR'S		Min

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE	OF	DEATH

Reg. Dist. No. 0361

	22	CK!	CERTIFICA	AIE OF D	LAIII		Re	g. Dist. N	lo.UUU	OI
1. PLACE OF DEATH o. COUNTY	altimore	149	MARYLAND	2. USUAL RESID o. STATE	ENCE (Where d	leceased lived.	If institution: I	Residence be	efare admiss	ion)
b. CITY OR TOWN (I RURAL and give no Dun	f outside corporate limits. carest town) Calk	, write c. LE	ngth of stay in 1b	11	own (If outside) undall		its, write RURA	L ond give I	nearest tawn)
d. NAME OF HOSPIT	At (If not in haspital, give 2 Harold			d. street Al 7892		ld Roa	d 22,	Md.	e. IS RES ON A YES	FARM
3. NAME OF DECEASED (Type or print)	Charl.	es	Middle	Stiegl	030	DATE OF DEATH	Janual		Day 5,	Year 196/5
5. SEX Male		WIDOWED [DIVORCED	B. DATE OF BIRTH	, 189	7 83	birthdoy) Me	JNDER 1 YE	s Hours	Min.
duting most of wor	ON (Give kind of wark do king life, even if selired) ATINE HINE	ineer	Balto. C:	ity Fire	Dept	reign country) Md		U.S		COUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME					
G	eorge Sti	egler			Marga:	ret Go	eller			
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORC (If yes, give wor or date: of ser	ES? 16. SOCI. Vice) 212-		rs. Lina	a Stie	gler 7	Address 892 H	arold	Rd.	22.
	ATH [Enter only one cau ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		(o), (b), and (c).]	- Aso	ENDIA	16 (0	LON	0	NTERVAL BE	TWEEN DEATH
Conditions, if a		AR-	TERIOSO	LERO	710 (1. U.Z	115.		?	
gove rise to i couse (o), stoting lying couse lost.		1801. 8								
PART II. OT	HER SIGNIFICANT COND	ITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL	DISEASE CONI	DITION GIVEN	IN PART 1(a	PERFC	AUTOPSY PRMED?
OR CONTRIBUTING	AS UNDERLYING CONTROL OF CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature o	f injury in Port	l or Part 11 of it	tem 18.)			
20c. TIME OF INJUI Hour a. m. p. m.	Y Manth, Day, Year 19	While		LACE OF INJURY (I octory, street, office		Of. (City or tow	n)	(Caun	ty)	(State)
	at I attended the	deceased f	ram Dec 2	h accurred at	A (la 4.	~ /5 , from the	, 19 <u>6</u> /,tl			
ACTUAL SIGNATURE	lephen C.	mac	chowole	M.D. 671		RESS (Street, ci				ATE SIGNE
PHYSICIAN'S NAME (Type)	TEPHEN	N (8.	MACKOU	UIAC						
220. BURIAL, CREMATIC	1-18-196		oly Redeen			LOCATION (C Belair	non M	ounty) MC	(Sta	le)
23. FUNERAL DIRECTOR			ADDRESS		24a. REC'D BY		24b. REGISTR	AR'S SIGNA	TURE	
JOHN J. I	DUDA 7922	Wise .	Ave. 22,	Md.	DATE JAN	1 7 '61	and	wa 8. 19	traces	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

363 CERTIFICATE OF DEATH

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D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. CHY OR TOWN (If outside corporate limits, write and give neerest fown) D. STEEL ADDESS D. STE		3.04		OLIKIII IO		•			
AMAYLAND AMAYLAND AMAYLAND AMAYLAND AMAYLAND AMAYLAND CITY OR TOWN If authide corporate limits, write address in the proporate limits, write author or the proporate limits, write	PLACE OF DEATH					Where deceased live		Residence before	admission)
DITTO ROWN fit cohicle corporate limit. wide C. CITY OR TOWN fit cohicle corporate limit. wide QUAL and give necessal town) Dud nors Mills S. AME OF HOSTATE (If not in hospital, give street oddress) S. STREET ADDRESS OR INSTITUTION STREET OR AME OF TOWN STREET ADDRESS OR INSTITUTION STREET OR AME OF TOWN STREET ADDRESS OR INSTITUTION STREET OR AME OF TOWN STREET	0. COOINT	BALTIMORE		MARYLAND	Mary:	land	b. COUNTY		Er .
MANK OF HOSPITAL UP not in hospital, give street address) 1228 North Washington Street 185 NO	b. CITY OR TOWN (RURAL and give n	If outside corporate limit	s, write c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (II	f autside corporate	limits, write RUR	AL and give near	rest tawn)
Reservoid State Training School 1228 North Mashington Street Yes Not	Owings M	ills	13 y			rk	Marine Ma	AOI	
Reservoid State Training School 1228 North Mashington Street Yes Not	d. NAME OF HOSPI	TAL (If nat in haspital, gi	ive street address)		d. STREET ADDRESS			e	
AMM OF First Middle Load Strater Strater	Rosew	ood State T	raining	School	1228 Nort	h Washing	ton Str	Street Month Day Search Month Day Search Month Day Search Month Day County Month Day Month Month Day Month Month Day Month Month Day Month M	YES NO
Types or print) EX	. NAME OF				STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to Baltimork d. STREET ADDRESS ol 1228 North Washington Street Lost OF DEATH STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to Death Street I Baltimork d. STREET ADDRESS ol 1228 North Washington Street VES ON OF Strater OF DEATH PAGE (In years lift Under 1 YEAR IF UN Months Doys Hours of Death Street) I STAY IN BIRTHPLACE (State or foreign country) Maryland 14. MOTHER'S MAIDEN NAME Annie Lee Daniels Y NO. 17. INFORMANT ROSEWOOD RECORDS OD DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PER 10. ONSET AN ONS	Year			
EXAMPLE S. COLOR OR RACE MIDOWED DIVORCED B. DATE OF BIRTH 9. AGE (in year light brinday) 16 / 171. 16 / 171. 171.	(Type or print)	Fm	ONT		Strater	DEATH	7	5	19 61
Male Negro WIDOWED DIVORCED NAY 1 19/1. 16 50 No. 16 16 No. 17 No. 2 No.	. SEX			NEVER MARRIED					
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FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Lee Daniels Address (if yes, give and or dots of street) None Rosewood Records Owings Mills, Md. Rosewood St. Tr. School, Owings				F BUSHNESS OK HAL			• 71		
Annie Lee Daniels WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO NO			No	ne				U.S.A	
MAS DECEASED EVER IN U. S. ARMED FORCES? NONE 18. CAUSE OF DEATH [Enter only one coute per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? Congenital spastic paraplegia with symptomatic epilepsy (grand mal type) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part III of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (While Not while 19 of work 19	. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
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REMOVAC (Specify) - 8-6 PURPONE COM Office The proposition of the		Herry G. B	utler, M	.u.	Rosewood S	ot. Tr. S	chool,	RURAL and give nearest tawn) **RURAL and give nearest tawn) **Continuous and service treet **Inth Day Year	
FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE			F 23c. N	AME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, toy), or	county)	(State)
6 / 11 // 1// 1// 1// 1// 1// 1// 1// 1/		17 8		upon	C CYVIC	1049	ma	Month Street C. IS RESIDENCE ON A FARM? YES NO BAND A FARM. Address Wings Mills, Md. INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH 3 hrs. A MOS. Of a ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MAIL (County) (State) OR GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MAIL (County) (State) OR REGISTRAR'S SIGNATURE OR REGISTRAR'S SIGNATURE	
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Hill.	0.0.	William !	100	Commo	DATE	JAN 9 '61	Lieu	worl & room	
			Har	w.					

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TO HOW A OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be rained by the haspitol ar otherding physician.

TO FUNEKAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If inst

		Ito	m 9 kg m 70	TIL OI DEATH		00000
1. PL	ACE OF DEATH COUNTY			2. USUAL RESIDENCE (Who o. STATE		
0.			MARYLAND	Maryland		
h	Baltimo	ce f outside corporate limits, writ	e c. LENGTH OF STAY IN 16			
0.	RURAL ond give ne	arest town)	C. LENOTH OF STAT IN TO		uside corpordie illilis, wille	KOKAL Olid give hediesi lovily
				Baltimore		
d.	OR INSTITUTION	AL (If not in hospital, give stre	eet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	1152 St.	. Agnes Lane		1152 St. A	nes Lane	Barnes Address Barnes Address Address Day Month Day Yeor January 12 1961 GE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Months Days Hour
	AME OF	First	Middle	Last	4. DATE M	Baltimore e corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO DATE DOATE Month January 12 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last by thelody) Months Doys Hours Min. 8990yrs. 12. CITIZEN OF WHAT COUNTRY? Md. Louise Barnes Address Address Address DISEASE CONDITION GIVEN IN PART 1(a) DISEASE CONDITION GIVEN IN PART 1(b) OF. (City or town) (County) (Stole) 12. CITIZEN OF WHAT COUNTRY? PERFORMED? YES NO DEATH (County) (Stole) 13. COUNTRY PERFORMED? YES NO DEATH (County) (Stole)
	ype or print)	Richard	1 Thomas	Stricker		anuary 12 1961
5. SEX	X		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HRS.
Ma	ale		WED DIVORCED	Aug.10, 1870		
10o. l	USUAL OCCUPATIO	N (Give kind of work done 1)	0b. KIND OF BUSINESS OR IND		NI /	
	during most of work	ing life, even if retired)				
13 FA	Retired ATHER'S NAME).D	Balto, Transit	Co. Carroll Co	D. MO.	
15. 17						
		T. Stricker		Mar Mar		
		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Ac	dress
	No		None M	rs. Edna Mae Qu	inn- 1152 St	. Agnes Lane
1	B. CAUSE OF DEA	TH [Enter only one couse pe	r line for (o), (b), and (c).]			
	PART I. DEA	TH WAS CAUSED BY:	TERMINAL	BRONGH	O PNPULMON	NIA LA DAYS
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				TEMILITA		
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1.3	lying couse lost.) (c)				
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TE O	20a. ACCIDENT WA	S UNDERLYING [206. D	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in F	Port I or Port II of item 1B.)	Maria de la compansión de
CERTI	IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)				
N 2	Oc. TIME OF INJUR	Y Month, Doy, Year 20c	I. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form	, 20f. (City or town)	(County) (Stote)
MEDICAL	Hour o.m.	Wh	ile Not while_	foctory, street, office bldg., etc.)	
-	p. m.	01 1				
2	21. I certify tha	t (I) (this hospital) atte	ended the deceased fram	JANUARY 10, 19	61, to JANGURY	12, 1964, that (1) (we) last
5	saw the deceas	ed alive an ANUH	RY 12 19 6 1, and that	death accurred at 6:05	M, fram the causes of	and an the date stated above.
2	220. SIGNATURE	1 71	2-11			
	M	elin //	solden	M.D. PHYS. ME	ED. STAFF PHYS.	1/13/6/
2	22c. PHYSICIAN'S	61-13/14/	II DADALI	22d. ADDRESS		
	NAME (Type)	MELVIN	N. BORDEN	5000 BALT	TO NAT'L PIL	YE BALTO 29 MD
23a. I	BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	, or county) (Stote)
	rial	Jan.16, 196	1 Mount Pleasa	ant	Gamber Ma	ryland
24. FA	UNERAL DIRECTOR		ADDRESS		D BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE
The	n O Sticke	cont & Land	Ballemore 1	7 Md DATE	JAN 1 6 '61	caring S. Kraus
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		Andrew States

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 365 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY files. Heolth, b. COUNTY MARYLAND b. CITY OR TOWN III outside corporate fimits, weite RURAL c. LENGTH OF STAY IN 16 c. CHY, OR TOWN (If outside corporate limits, write RURAL and give nearest town) your your d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) STREET ADDRESS e. IS RESIDENCE O ON A FARM? roll- and YES TO NO F NAME OF DATE Year Month DECEASED (Type or print) DEATH 19 60 annelse 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours WIDOWED 3 DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? malwa 14. MOTHER'S MAIDEN NAME ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. (If yes gure war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause fost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 27/1216-571-10 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20f. PLACE OF INJURY (Home, form, 120f. (City or lown) (County) factory, street, office bldg., etc.) Hour a.m. Not while C While at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry . and in my Suicide . Hamicide . Undetermined manner opinion death resulted from: Natural causes X, Accident , DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S Should FUNER DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 10 ts malon 23. FUNERAL DIRECTOR'S SIGNATURE 244. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

DATE JAN 2 3 '61

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HEART OF BLADERIES CHARGE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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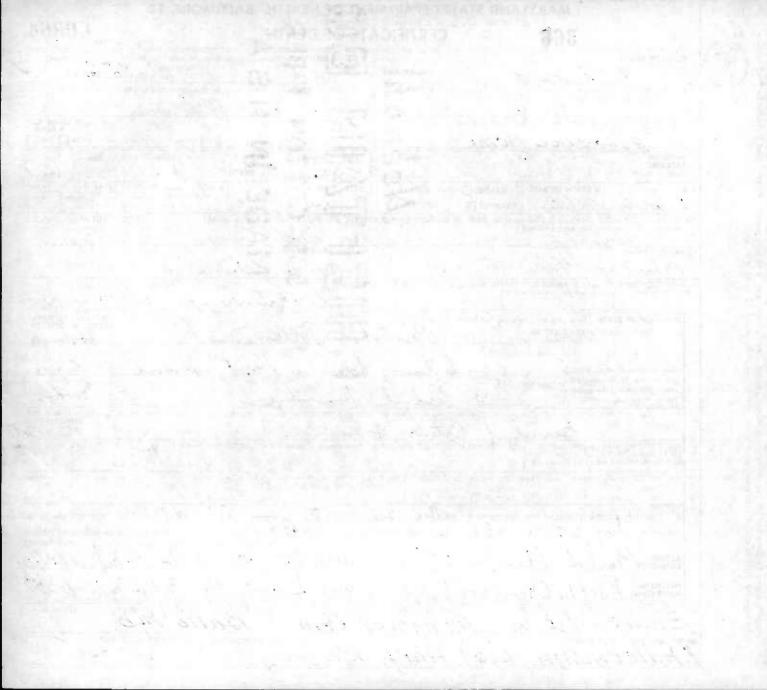
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signed

DIRECTOR

TO FUNERA

15M 9/S8



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	1. P	Baltimore County	MARYLAND	2. USUAL RESIDENCE (o. STATE		. If institution: R b. COUNTY	Residence befo	A 11.	n) L
		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) t. Wilson, Maryland	c. LENGTH OF STAY IN 16		If outside corporate lin		L and give ned	arest town)	.4
2	-	NAME OF HOSPITAL (If not in hospito), give street of OR INSTITUTION t. Wilson State Hospital		d. STREET ADDRESS 122 N. H				e. IS RESID ON A F YES	ARM?
	3. N	NAME OF First DECEASED Type or print) William	Middle	S'EUMP	4. DATE OF DEATH	Month	00	y Ye	
	S. S		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AG		UNDER 1 YEAR		
	10a.	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	Meta75	JSTRY 11. BIRTHPLACE (SH	ote or foreign country) 1 Balto		12. CITIZEN OF	S. A	UNTRY?
1	13.	John C. Stu	n D	14. MOTHER'S MAIDE	NAME	MVG) pm C		
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	1	INFORMANT		Modress	. 1 .		
	(1es	no. or unknown) (If yes, give wor or dates of service)	18-113-293 Ho	sp. Records,	Mt. Wilso	n State	Hospit	al	
		18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ter10567e	rotic Ca	rdiac	Disea		SET AND D	EATH
		Conditions, if ony, which)							
		gove rise to immediate couse (a), stating the under-							
	7	lying couse lost. (c)							- Topau
	CATION	Far Advance	d Pu 7m	snar Tu	beru4)	6515	N PART I(0)	PERFORE	MED?
	CERTIFI	20a. ACCIDENT WAS UNDERLYING DOB CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Port II of	item 18.)			
	MEDICAL	Hour o. m. While		PLACE OF INJURY (Home, footory, street, office bldg.,		~n)	(County)		(Stote)
		21. I certify that (I) (this hospital) attends saw the deceased alive on		death occurred of	19.6/ , to	/	- /		
		220. SIGNATURE	172, 7 dila mai	M.D. ATTENDING PHYS.	MED/ST/	AFF YS.	iii iiie dale	22b.	DATE
	1	22c Physician's NAME (Type) Nm. Newcomer, M.D., Super	intendent	22d. ADDRESS	n St. Hosp	ital, Mi	t. Wils	on, M	d.
	23a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	_	23d. LOCATION (City, town, or co	ounty)	(Stote)	
	24.	Burial 2/1/67 FUNERAL DIRECTOR'S SIGNATURE	Oak Lawn	Cemetery 250. R	EC: P. BB REGISTRAR	25b, REGISTRA		RE SALLA	
	10	hn A. Moran -3000 E. Be	altimore Stre	zet DATE	19. I 8 Will.	Ciri	Jun A. 70		

the attending physician and completely filled in by the funeral director. Then please remave carbon papers. Pages I and 2 should be filled with TO HOSPIF OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how may be included by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

rs after death. Page 4

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made to magnificant of \$32 THE RESERVE OF THE PARTY OF THE and was made THE STATE OF THE PROPERTY OF THE PARTY OF TH All went to the rest and most of the state o the state of the same that the same of white it was a little to the literature street.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution; Res	idence before edmission
J	Baltimore MARYLAND	Maryland b. COUNTY	
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end g	jive neerest town)
	Fort Howard 1 Day	Baltimore 23 3 V U	1-4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Veterans Administration Hospital	2341 Edmondson Avenue	YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
	(Type or print) DAVID		25 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YE lest birthday) Months De	
	34-3-	une 14,1894 66 yrs. Months De	ys Hours Min.
			N OF WHAT COUNTRY
	Laborer Sugar Refinery	South Carolina U. S	5. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7
1	Perry Summers	Mary Edwards	
		EMIRAIN Records, VAH, BALTIMORE 18,	MADVE AND
	77		
	Yes WW 1 251-07-3723 IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	FORT HOWARD DIVIS	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	COLD	ONSET AND DEATH
	IMMEDIATE CAUSE (a) EXHAUSTION DUE TO	COLU	1 WEEK
	Due to		
	Conditions, if eny, which geve rise to Immediate ceuse (b) CHRONIC ALCOHOLISM	1	UNKNOWN
	(e), steting the underlying DUE TO		
	cause lest. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
			YES NO NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of Item 18.)	
	US (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County	y) (State)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. 49 et work et work fect	tory, street, office bldg., etc.)	
	21. I certify that (this hospital) attended the deceased from.	12:45 PM 1/24,861, to 2:00 AM 1/25 6	I that M (we) las
	saw the deceased alive on 1/25/61 19, and that		
	22e. SIGNATURE	death occured al	22b. DATE
	1 al al Ati-	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. XX	1 /27 /67 SIGNER
	22c. PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS. AND 22d. ADDRESS	1/5//01
	NAME (Type) DONALD W. STEWART, M.D.	VAH, BALTO. MD. FORT HOWARD DIV	TETON
			(Stete)
	REMOVAL (Specify)		
	Burial //30/6/ Baltimore N		
	24 FUNERAL DIRECTOR'S SIGNATURE 1808 N. MONTOE Str	eet 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
	Arlington S. Phillips Baltimore, Maryla	nd DATE JAN 31 '61 Comme 2.	

TO HOLOGIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours are death.

ge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFIC 369 funeral director, uld be filed with rs ofter death. Page . PLACE OF DEATH Baltimore MARYLAN b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1 2 should Balto.22, Md. d. NAME OF HOSPITAL (If not in hospital, give street oddress)
3807 Old North Point Road North Point Road Poges 1 and NAME OF Middle DECEASED within 24 filled Helen (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX and completely White Female WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR IN deoth. Self Owned Store Keeper corbon after FATHER'S NAME the attending physician requires that the death certificate John Szymanski remove within 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO á permit. Conditions, if ony, which (b) been signed gave rise to immediate **DUE TO** couse (o), stoting the underor removol, and lying couse lost. page 3 should be detached far use as the buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I DIRECTOR: After this certificate has 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCUI 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. 0. m. While Not while p. m. of work of work 21. I certify that I attended the deceased from alive an and that dec ACTUAL une or he the registror prior PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 22c. NAME OF CEMETER

St.Stanis ADDRESS

Eastern

CATE OF DEAT	Н		Reg. Dist. N	.00367
2. USUAL RESIDENCE (Vo. STATE Marylar c. CITY OR TOWN (III	nd	b. COUNTY	Baltim	one
Balto.	22, Md		OKAL ONG GIVE I	
d. STREET ADDRESS 3807 Old	North	Point	Road	e. IS RESIDENCE ON A FARM? YES NO 2
Szymanski	4. DATE OF DEATH	Janua		Day Year 19 61
B. DATE OF BIRTH Feb. 2, 190	03	9. AGE (In years lost birthdoy) 57 yrs.	Months Days	AR IF UNDER 24 HRS. Hours Min.
DUSTRY 11. BIRTHPLACE (Store Balto. 1		untry)		OF WHAT COUNTRY
Mary Ant		K		
. INFORMANT Stephen Szyr	nanski	3807 O	ld Nor	th Pt.Rd
Varadan	Colla	yse.	01	TERVAL BETWEEN NSET AND DEATH
due to n	ietus /	retui (i	ucuon	ia Blad
Uniany Bl	adelor	· Haje	geterel	C. L Dia
BUT NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO T
RRED. (Enter noture of injury in	Port 1 or Port	II of item 1B.)		
PLACE OF INJURY (Home, for foctory, street, office bldg., e	rm, 20f. (City of fc.)	or town)	{Count	y) (Stote)
usl. 195/, to_	Jan.	1-3, 19 6	that I last	saw the decease
oth occurred at 5 63		the causes a	stote	date stated above
PSX1'	130	alturi	Line	ul
OR CREMATORY	22d. LOCATI	ON (City, town, o	or county)	(Stote)
laus		lto.Md.		
24a. RE	C'D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNAT	URE

arthur S. Traus

TO FUNERA VS A15 (4) 15M 9/55

REMOYAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

CONTRICATE OF DEATH	
AN THE WORLD SEED AS LESS TO A SECOND SEED AS A SECOND SE	
Barrier Committee Committe	
1 Self-relation to the second result of the second	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1,	PLACE OF DEATH				2.	USUAL RESIDENC	CE (Where	deceased lived, If	institution: Resi	dence befo	ora admission)
- n	e. COUNTY			The second		STATE		b. COUN	ITY		1
D	altimore	f outside corporete limi		MARYLAI		Maryland	If an est de la se		DIIDAL and a	lua manual	l town)
		give neerest town)	TS,	c. LENGTH OF STAY IN	N ID	c. CITY OR TOWN (I	it ontside co	rporata limits, write	KOKAL and g	IAG URGIEZI	lowny
F	ort Howard			1 Year		Baltimore		16	34	17.2	-
	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hosp	oitel, give street eddress)		d. STREET ADDRESS					S RESIDENCE ON A FARM?
177	eterans Ad	miniatroti	on Hog	nitol		1210 Ashb	nat on	Street		YES	
	NAME OF	First		Middle		Last ABIID	4. DATE			Day	Yeer
	DECEASED						OF				10 /
	(Type or print)	LESTE			TALIAI		DEAT	Januar		19	19 61
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In yeers last birthday)			DER 24 HRS.
	Male	Colored	WIDOWE			ne 1, 190	5.0(1	55.			
	one during most of wor			ND OF BUSINESS OR INC	DUSTRY 11.	BIRTHPLACE (Coun	ity & Stete,	or foreign country)	12. CITIZE	N OF WHA	AT COUNTRY?
	Operator	7		evator	V	irginia			II. S	5. A.	
13	. FATHER'S NAME					MOTHER'S MAIDEN	NAME			J	
	John Tali	laferro			A	Mary Broc	k				
	. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INFO	RMANT		Address			
(1	as, no, or unkown) (If	WW IT		68-01-2080	CTIDI	cal Record Howard Div	ds, VAL	H, Baltimo	re 18,	Md.	
				ne tor (a), (b), end (c).)	1010	Howard DI	ATPTOI	.1	1	INTERVAL	L BETWEEN
		WAS CAUSED BY:	couse per ii	10 101 (2), (0), 0110 (0).,						ONSET A	ND DEATH
		IMMEDIATE CAUSE (e)	HEPA	ric coma						4 DA	YS
	5 8	DUE TO	LAEN	NEC'S CIRRH	IOSIS				0	UNKN	IOWN
	Conditions, if any	, which (b)									
	geve risa to immedia	ete cause									
	(e), stating the ur	derlying									
-		SIGNIFICANT COND	TIONS CON	TRIBUTING TO DEATH BE	IIT NIGHT DEL	A TED TO THE TEDAH	NAI DISEAS	E CONDITION GIV	EN IN DADT 1/	a) 10 W	AS ALITOPSY
é	PART II. OTHER	SIGNIFICANT CONDI	HONS CON	IKIBOTING TO DEATH BY	OT NOT KEL	A 150 10 IIIL IEKMII	IAVE DISEVE	E COMPINON GIV	EI II I I I I I I I	PI	ERFORMED?
3	GASTROIN	TESTINAL B		G DUE TO ES						YES L	_ мо 🔀
CERTIFICATION	2Da. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	CURED. (Ente	r nature of injury in I	Pert I or Per	t II of item 1B.)			
8	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
3	20c. TIME OF INJU	RY Month, Dey, Ye	er 2Dd. I	NJURY OCCURRED 20	e. PLACE O	INJURY (Home, ferm	n, ; 2Df. (C	ity or town)	(County)	(Stete)
MEDICAL	Hour e.m.		While	Not While	factory, st	reet, office bldg., etc.	.)				
×	p.m.	19	et worl		7	10	60	Tomasomer	10 61		25
	21. I certify the	hat (I) (this hospi	tal) ettend	ded the deceased for	from Jai	nuary 19	2 () 1	January	,		HX (we) last
	saw the deceas	ed alive on Jan	uary 1	9 19.61, and	that dea	th occured at P.	M, fro	om the causes	and on the	date st	ated above.
	22e. SIGNATURE	1	_	2.2							22b. DATE
	F. 1 -	10.5-11	2	Olam	M.D.		MED. DIRECTOR	PHYS.			1/20/61
	22c. PHYSICIAN'S		1 Vac	COLOCI		22d. ADDRESS					
	NAME (Type)		CT	DE TEODOT DE	7	AH, BALTI	MORE	18,MD. FY	ORT HOW	ARD I	DIVISION
=		FREDERICE		ONALDSON, M.	*						(Steta)
23	REMOVAL (Specify)	ON, 236. DATE THE	/ /	Baltimore				timore		aryla	
24	FUNERAL DIRECTOR	'S SIGNATURE	0.1	ADDRESS		25e. REC	C'D BY REG	ISTRAR 256. REG	GISTRAR'S SIG	SNATURE	
			1120	N. Caroline	G+ D	DATE DATE	2 3 16	1 Out	Lun S. Kr	all	
1 1	TITOCC Fun	erar nome,	TTCA	M. Carottue			1200		201		
						Md.					

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FOR STATE TO DEF IT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a play is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the figurated director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form DM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1, and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 00369 DEATH

-		e. COUNTY	2. USUAL RESIDENCE (Where dece	1 00101714	
A	7	Baltimore MARYLAND	a. STATE Maryland	Balt	imore
11	1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Sparks	c. CITY OR TOWN (If outside corpora	ita limits, write RURAL end g	ive nearest town)
X	3.	d. TAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Chearen Bollon Charles THOMAS DEATH	-	o. IS RESIDENCE ON A FARM? YES NO NO 19 61
		SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. WIDOWED DIVORCED F. WIDOWED F. WIDOWED DIVORCED F. WIDOWED DIVORCED F. WIDOWED F. WIDOWED DIVORCED F. WIDOWED F. WIDO		AGE (In yeers IF UNDER 1 YE ast birthdey) Months De	AR IF UNDER 24 HRS.
1	doi	Tabbella (contractor)	14. MOTHER'S MAIDEN NAME	U.	SA
		WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Ifyes give war or dates of service) 12. U. LU, LI 720. 18-71636	Rebecca Co FORMANT Vilber Flores B	Jare Address Rd.	nighttak
	Z	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Gunshot wound of new	ck with transection and massive right h	of right emotherax	INTERVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	208. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING Apparently shot dustribution Apparently shot dustribution and the contribution of the contributi	iar nature of injury in Part I or Part II of ite		YES NO NO
1	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	E OF INJURY (Home, farm, 20f. (City or y, street, office bldg., alc.)	town) (County	(State) Marylan
		21. I certify that I took charge of the remains described above, held death resulted from: Natural causes , Accident , Suicid ACTUAL SIGNATURE		termined manner	nd in my opinion DATE SIGNED
1		EXAMINER'S NAME (Type) W. Bradley King, Jr.	DEPUTY MEDICAL EXAMINER	inty)	1/11/61
		Bundl 1/6/6/ Balto. 24	stronal Gal	to. mid-	(State)
4	123.	ml. Chatmang-1701M: all	oh St DANAN 1 3 '61	a 246. REGISTRAR'S SIGN	
		Ralte	2111		

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y the funeral director,	2 shauld be filed with	
campletely filleg	appers. Pages 1 and	ıth.
d by the attending physician and campletely filled to the funeral director,	mit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	nov event within 72 hours after death.
d by		4 700

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CE	RTIFICAT	E OF	DEATH
-			

00370

	379	CERTIFICA	TIE OF DEATH	5 - 2 - 9	Reg. Dist.	No.
1. PLACE OF DEATH COUNTY Bal	imore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)		f institution: Residence COUNTY	befare admission)
b. CITY OR TOWN (If outsice RURAL and give nearest to Catonsville	e carporate limits, write own)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limit	s, write RURAL ond giv	re nearest town)
d. NAME OF HOSPITAL (IF OR INSTITUTION SPRING GRO		oddress) [OSPITAL	d. STREET ADDRESS 236 South	Mount St	reet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Lula	Middle T	iv v is	4. DATE OF DEATH	Month Januar y	Doy Year 10 19 61
female w	nite widow		6/18/1885	75:	41 1 1	YEAR IF UNDER 24 HRS. Pays Hours Min.
during most of working life	, even if refired)	KIND OF BUSINESS OR INDU	STRY 11/2. BIRTHPLACE (Stole -	T. HERELL		S. A.
13. FATHER'S NAME —UNKHOV	m Edward	1 tivris	14. MOTHER'S MAIDEN N	enown EL	iz abeth	Wheat.
15. WAS DECEASED EVER IN U [Yes, no. or unknown] [If yes, g UNKNOWN]	ve war or dates of service!		cords: SPRIN	G GROVE	Address STATE HO:	SPI.TAL
Conditions, if any, wi	S CAUSED BY: DIATE CAUSE (a) AC DUE TO	ne for (a). (b). ond (c).) cute Pulmona ry ceriosclerotic		r Disease		INTERVAL BETWEEN ONSET AND DEATH
gove rise to immedicouse (a), stating the <u>un</u> lying couse lost.	der- DUE TO					
Ē	in Syndrome ERLYING 20b. DES	CONTRIBUTING TO DEATH BUT associated wit CRIBE HOW INJURY OCCURRE	h cerebral ar	terioscle	rosis	(e) 19. WAS AUTOPSY PERFORMED? YES NO
ZOC. TIME OF INJURY MO Hour o. m. p. m.	nth, Day, Year 20d. II While of wor	Nat white fac	ACE OF INJURY (Home, farm, ctory, streel, office bldg., etc.	20f. (City or town)	(Coo	unty) (State)
21. I certify that I calive an Jan. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) JOSE	10 , 19 (accurred at 9:45	CM, from the condition of the condition	auses and on the	DATE SIGNED
220. BURIAL, CREMATION, 221 REMOVAL (Specify)		22c. NAME OF CEMETERY OF LOUGEN F		22d. LOCATION (City	y, tawn, ar county)	d (Stote)
23. FUNERAL DIRECTOR'S SIGN	Sehwar	h enc	24a. REC'D	4 0 104	46. REGISTRAR'S SIGN	

	CERTIFICA	
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AND THE STATE OF T		A THE CHARGE

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	MARYLAN	ID S	TATE D	EPAR	TM	ENT	OF	HEALTH
- 0	DECEADOR	AND	PECORD	\$ 301	W	DREST	ON	STREET BALTIMORE 1

MARIL	MIND SIMIL DE	L MIKE I MANNE AND	OI 1127-11		
DIVISION OF STATISTICAL RESEARCH	CH AND RECORDS	, 301 W. PREST	ON STREET,	BALTIMORE 1,	MARYLAND
DIVISION OF STATISTICAL RESEAR	CERTIFICAT	E OF DEAT	TH		6034

Baltimore Discrete Composed limits, write RURAL and give nearest lown. Fort Howard, Md. Anale of hospital of institution (if not in hospital, give street address) Veterans Administration Hospital S. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE / MARRIED NEVER MARRIED DIVORCED DIVOR	Baltimore b. CITY OR TOWN (i			2. USUAL RESIDER	NCE (Where deceased lived, If institution: Ra	sidenca perora admission/
write RURAL and give nearest town. Fort Howard, Md. 21 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) give street address) Veterans Administration Hospital 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) give street address) Veterans Administration Hospital 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White Widdle Lest 4. DATE OF THE January Month Day Year Month Day Year Month Day Year 19 6.1 19. AGE (in years If Undber 17EAR IF UNDER 241 Islat birthday) Month Day Year Month Day Year Month Day Year 19. AGE (in years If Undber 17EAR IF UNDER 241 Islat birthday) Month Day Hours Month Day Hours Month Cook Cook 10. SIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or foreign country) 12. CHIZEN OF WHAT COUNTRY Restaurant 14. MOTHER'S MAIDEN NAME John Tofall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (Hyespivewerordedesofservice) Yes WW II 16. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) PART I. DEATH (MAS CAUSE BY, Bronchopneumonia, bilateral Recent XXXXXX Conditions, if eny, which gave rise to immediate cause (a), stating the underlying agave rise to immediate cause (b). ATTERVAL BETWEE ONSET AND REAL EXCENSION (b), end (c).) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Itel PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Itel PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Itel PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Itel PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Itel PART II. OTHER SIGNIFICANT CONDITIONS CONT			MARYLAND	Maryland	b. COUNTY	V
Fort Howard, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Veterans Administration Hospital Note of hospital or institution (if not in hospital) NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7, MARRIED NEVER Married			c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporata limits, write RURAL and	give nearest town)
Color of Race Name of Hospital Street Address Str			21 Davs	Baltimore	15	3101,4
Veterans Administration Hospital 3502 Park Heights Avenue YES NO				d. STREET ADDRESS	S	e. IS RESIDENCE
DECEASED (Type or print) LEONARD A. TOFALL DEATH January 26 19 61 S. SEX Male White Whowed Divorced January 22,1900 Male Whote Whomed Months Devs Manths Devs Manths Devs Months Divorced Hours Months Devs Months Devs Months Divorced Months Divorced Months Divorced Months Divorced January 22,1900 Months Divorced Months Devs Months Devs Months Devs Months Devs Months Devs Months Devs Months Divorced Months Devs Months Devs Months Divorced Months Divorced Months Divorced Months Devs Months Devs Months Divorced Months Devs Months Devs Months Divorced Months Divorced	Veterans	Administration	Hospital	3502 Park		YES NO
Sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH January 26 19 6 1		First	Middle	Last		Day Yeer
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Months Days Months		TEONARD	Δ	TOPAT.T.	DEATH -	6 1961
Male White widowed Divorced January 22,1900 61 yrs. 10e. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTY COOK 3. FATHER'S NAME Quincy, Illinois U. S. A. 14. MOTHER'S MAIDEN NAME Lena Lissing 16. SOCIAL SECURITY NO. Clinical Records VA Hospital, Baltimore 18, West WW II. 216-09-2631 FORT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Bronchopneumonia, bilateral Recent Conditions, if eny, which gave rise to immediate cause Conditions Contributions	5. SEX				9. AGE (In years IF UNDER 1)	
COOK 3. FATHER'S NAME John Tofall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [Hypergrewer or deles of service] Yes WW II 16. SOCIAL SECURITY NO. (VINTERMANT Records VA Hospital, Baltimore 18, No. or unknown) [Hypergrewer or deles of service] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Bronchopneumonia, bilateral XXXXXX Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) Surgical Absence left leg. (recent operation) 206. ACCIDENT WAS UNDERLYING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 206. ACCIDENT WAS UNDERLYING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 207. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.)	Male	Title of the co		January 22,1	1900 61 yrs.	
Cook Restaurant Quincy, Illinois U.S.A. Amother's maiden name I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e. I.e.			. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Co	unty & State, or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
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The string of th	15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 177	INFORMANT	Address Polt	tmama 18 Md
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Bronchopneumonia, bilateral Recent Conditions, if eny, which gave rise to immediate ceuse (a), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) Surgical Absence left leg. (recent operation) 20e. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 1B.)			216 00 2621 10	THICAT VECOI	TITETON	THOIE TO, MIC.
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Couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PREFORM Surgical Absence left leg. (recent operation) 20e. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20 DIABETES MELLITUS PREFORM YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		X X X X X X X X				
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Surgical Absence left leg. (recent operation) 20e. Accident was underlying cause of death (IF either, Notify Medical examiner) 20f. Accident was underlying cause of death (IF either, Notify Medical examiner)		SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
	2					PERFORMEDI
	& Surgice				D 41 D 41 C 4 3D 1	1123 X 140 [1]
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (State factory, streat, office bldg., etc.)		CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury i	in Pert I or Pert II of Item ID.)	
While Not While factory, streat, office bldg., etc.)	OR CONTRIBUTING		A INTURY OCCUPAND 1 20- DI	ACE OF INJURY (Home, fe	erm, 20f. (City or town) (Cour	nty) (Stata)
		IRY Month, Day, Year 20				
21. I certify that A (this hospital) attended the deceased from January 5 1361, to January 26, 161, that (1) (we	ZOc. TIME OF INJU Hour a.m.	19 W	work et work	ctory, streat, office bldg., e		
saw the deceased alive on January 26 161 , and that death occurred at M. from the causes and on the date stated at	ZOc. TIME OF INJU Hour a.m.	19 W	work et work	ctory, streat, office bldg., e		1, that (t) (we) last
22b, D	20c. TIME OF INJU- Hour a.m. p.m.	hat M (this hospital) att	/hile Not While far work et work tended the deceased from	January 5	1361, 10. January 26, 1%	L, that (1) (we) last he date stated above.
ATTENDING MED.	20c. TIME OF INJU- Hour a.m. p.m. 21. I certify is saw the decea	hat M (this hospital) att	/hile Not While far work et work tended the deceased from	January 5	1361, 10. January 26, 1%	he date stated above. 22b. DATE
Thomas Traliane	20c. TIME OF INJU- Hour a.m. p.m.	hat M (this hospital) att	tended the deceased from 26161, and that	January 5 at death occured at	1961, to January 26, 1961, 1961, to January 26, 1961, 1961, The state of the state	he date stated above. 22b. DATE SIGNED
ZZC. FINICIANS	20c. TIME OF INJUNE Hour e.m. p.m. 21. I certify is saw the decea 22e. SIGNATURE	that M (this hospital) attacked alive on January	tended the deceased from 26161, and that	January 5 at death occured at. M.D. ATTENDING PHYS.	1361, to January 26, 196	he date stated above. 22b. DATE
	20c. TIME OF INJUNE Hour a.m. p.m. 21. I certify is saw the decea 22c. SIGNATURE 22c. PHYSICIAN'S	that (A) (this hospital) attended alive on January	tended the deceased from 1.26	January 5 at death occured at. ATTENDING PHYS. 22d. ADDRESS	1961, to January. 26, 1961. 1961, to January. 26, 1961. 1961, to January. 26, 1961. MED. STAFF PHYS. 3	he date stated above. 22b. DATE 1/26/61
236. BUKIAL, CKEMATION, 236. PATE THERESOF 236. NAME OF CEMETERS OF CEMETERS	20c. TIME OF INJUNE Hour a.m. p.m. 21. I certify is saw the decea 22c. SIGNATURE 22c. PHYSICIAN'S	that M (this hospital) attacked alive on January	tended the deceased from 7.26161, and that	January 5 at death occured at ATTENDING PHYS 22d. ADDRESS VAH, BAIL	MED. of January 26, 1961. AM., from the causes and on the Director STAFF PHYS. T	he date stated above. 22b. DATE 1/26/61
Burial //30/6/ Baltimore National Cem. Baltimore Maryland	20c. TIME OF INJUNE Hour e.m. p.m. 21. I certify is saw the decea 22e. SIGNATURE 22c. PHYSICIAN'S THOMAS 23e. BURIAL, CREMAT	that M (this hospital) attempts a live on January F. CRAHAN, M. I	tended the deceased from 7.26161, and that	January 5 at death occured at ATTENDING PHYS 22d. ADDRESS VAH, BAIL	1961, to January. 26, 1961. 1961, to January. 26, 1961. 1961, to January. 26, 1961. MED. STAFF PHYS. 3	he date stated above. 22b. DATE 1/26/61
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	20c. TIME OF INJUNE Hour a.m. p.m. 21. I certify is saw the decea 22c. SIGNATURE 22c. PHYSICIAN'S TAMMAS 23c. BURIAL, CREMAT REMOVAL (Specify	that M (this hospital) attempts a live on January F. CRAHAN, M. I	tended the deceased from 1.26	at death occured at. ATTENDING PHYS. 22d. ADDRESS VAH, BAII	MED. STAFF PHYS. T	he date stated above. 22b. DATE 1/26/61 WARD DIVISION (State)
	20c. TIME OF INJU- Hour a.m. p.m. 21. I certify saw the decea 22c. SIGNATUBE 22c. Physician's THOMAL (Specify Burial	that M (this hospital) attended alive on January F. CRAHAN, M.I. TON, 235. SATE THEREOF	tended the deceased from 1.26	January 5 at death occured at. ATTENDING PHYS. 22d. ADDRESS VAH BAIL OR CREMATORY ational Cem.	MED. STAFF DIRECTOR PHYS. T	he date stated above. 22b. DATE 1/26/61 WARD DIVISION (State) Maryland
Wm. Cook-Blight, Inc., 6009 Harford Rd., Balto. 14, Mdnate 18N 21 161 Only & Kings	20c. TIME OF INJU- Hour a.m. p.m. 21. I certify saw the decea 22c. SIGNATUBE 22c. PHYSICIAN'S THOMAL (Specify BURIAL) 24 FUNERAL DIRECTO	that M (this hospital) attended alive on January F. CRAHAN, M.I. ION, 235. SATE THEREOF R'S SIGNATURE	tended the deceased from 1.26	ATTENDING PHYS. 22d. ADDRESS VAH BAIJ OR CREMATORY ational Cem.	MED. STAFF DIRECTOR PHYS. T	he date stated above. 22b. DATE 1/26/61 WARD DIVISION (State) Maryland

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Mr. Cook-Pinght, Eno., 5009 darrows M., Privo. 14, M. - 100 mines and the second

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TO HOS

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 may be, and by the hospital or attending physician.

TO FUNER LI DIRECTOR: After this certificate has been signed by the attending physician and came page 3 should be detached for use as the burial-transit permit. Then please remove carbon re-Then please remove carbon

after death. Page 4 he funeral of star,

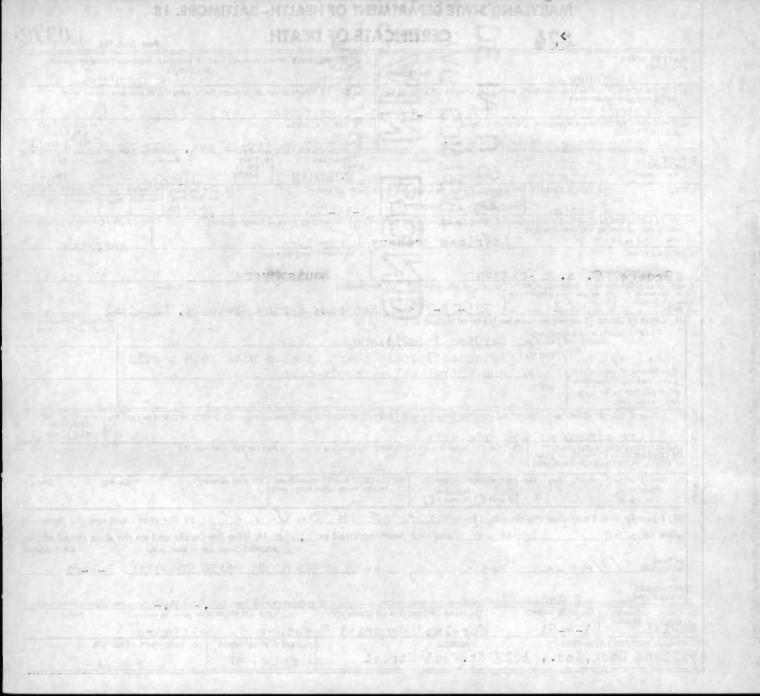
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

374 CERTIFICATE OF DEATH

Reg. Dist. No.

60372

	1. PLACE OF DEATH		1		2. USUAL RES	SIDENCE (W	here deceased l	lived. If institution	on: Residence	before ad	mission)
-1	BALT	TMORE.		MARYLAND	MARYT	ANTO		B. COUNTY	PATOT	MADD	. V
	b. CITY OR TOWN (If RURAL ond give nec	autside corporate limi	ts, write	c. LENGTH OF STAY IN 16			outside carparo	te limits, write R	URAL and gi	ve nearest t	own)
ı	CATONS	SVILLE		9/15/5 8-1/T/6	th BA	TTTMO	RE CITY	-3	VO	1 -	4
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, g	ive street	address)	d. STREET				15112	e. IS	RESIDENCE N A FARM?
	S PRING	GROVE STAT	TE HO	SPITAL .	20	17 Gr	iffiss	Ave. R	olt Md	YES	□ NO □
	3. NAME OF DECEASED	Fir	st	Middle		ast	4. DATE OF	Mon	th	Doy	Yeor
	(Type or print)	WILLIEW		BERNARD ICT.	TOL	ZMAN	DEATH	Janua	TV	T.	1967
1	5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIR	TH	9	. AGE (In years last birthday)		YEAR IF UI	
1	M	White	WIDOW	ED DIVORCED	3-19-8	8		72 yrs.		not	irs Min.
	10a. USUAL OCCUPATIO during most of worki	N (Give kind of work a		KIND OF BUSINESS OR INDU		PLACE (State	or foreign cou	ntry)	12. CITIZ	EN OF WH	AT COUNTRY?
	r etired	?	Am	erican Brewer		vland			Δ	meric	an
Į	13. FATHER'S NAME				14. MOTHER	S MAIDEN	NAME				
	Groege	CA A. T	olzm	an	L	ouitsa	Myers				
1	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.		INFORMANT		2-7-02-0	Add	ress		
J	YES	If yes, give war or dates of s	ervice)	03 5 00 7(03)		~		a			
ł		WW I	1	ne for (a), (b), and (c).]	Records	· Spr	ing Gro	ve St. I	lospit		BETWEEN
1		H WAS CAUSED BY:									ND DEATH
1		IMMEDIATE CAUSE (a		rdiac Insufici							
1	420	DUE TO	Ar	teriosclerotio	heart	disea	se with	both ac	ortic		
ł	Candilians, if an		ar	d mitral valve	involv	ement					
1	gave rise to in cause (a), stating t									-	
١	lying couse last.) (c							124/119		
ı	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED T	O THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY
ı	Cam o	cinoma of	he r	mos toto							RFORMED?
1	20a. ACCIDENT WAS	S UNDERLYING		CRIBE HOW INJURY OCCURRE	D. (Enter nature	of injury in	Part I or Part I	l of item 1B.)			
1	PART II. OTH Car C Car C OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH MEDICAL EXAMINER)									
	20c. TIME OF INJURY Hour a.m.	Month, Day, Yes		1 6	ACE OF INJURY	(Home, for	m, 20f. (City o	r town)	(Co	iunty)	(State)
	Hour a.m.	19	While at war	k ot while	ciory, sireer, orri	ice blog., en	,				
1	21 I cortify the	at Lattended the	deceas	ed from Sept. 1	5 10.5	Bio	Jan 15.	10 6	that I la		ne deceased
1	alive on Jar	g glass	10	//							
i	dive on Solv	/ /	17	and that death	occurred a	-4-4D		the causes of the city or town,		e dote st	DATE SIGNED
1	ACTUAL /	2/	el.	//			1000		sigre)		DATE SIGNED
1	ACTUAL SIGNATURE	jacrea	C.	accill,	M.DS_PR	ING_G	ROVE_ST	ATE_HOSI	PITAL_	lala	51
١	PHYSICIAN'S										
ı	NAME (Type)	B lancs	Gin	enez		Cotton	wille.	28 - 161			
1	220. BURIAL, CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEMETERY C	R CREMATORY			ON (City, town,		(5	itate)
1	BURTAL (Specify)	1-4-61		Moreland Mem	orial C	emete	rv	Baltim	ore		
6	23. FUNERAL DIRECTOR'S		11111	ADDRESS			D BY REGISTR		STRAR'S SIGN	NATURE	
	William Co	ok, Inc.,	1217	St. Paul Stre	et	DATE	N 4 '61	1000	Lun & H		
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If any delay is necessory, please exe-	cute it critificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funerant actor. Poge 4 should be	forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your as.	TO FUNERAL DIRECTOR: Poge 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registror prior to buriol, cremation,	or removal.
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VS. A15ME(5) 5M 9/55

						NT OF HEALTH			18		00	970
		375 ME	DICA	L EXAMIN	ER'S	CERTIFICAT	E OF	DEATH	Reg. [Dist. No	4, 4,	375
1.	PLACE OF DEATH a. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESIDENCE (W	/here decea	sed lived. If Institu	tion: Resid		ore admi	ission)
F	b. CITY OR TOWN (III and give nearest town Reisterston	outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF			RURAL or	nd give no	earest ta	wn)
	d. NAME OF HOSPIT	at or institution (in Street	f not in hos	pital, give street addre	155)	d. STREET ADDRESS	Street	5			ON	A FARM?
3.	NAME OF DECEASED (Type or print)	Mary	t.	Middle K •		Trunda	4. DATE OF DEATH	Jan.		1961		fear
5.	SEX Female	6. COLOR OR RACE White	7. MARRIE	DIVORCED		DATE OF BIRTH April 18,1885	5	9. AGE (In years lost birthdoy) 75 yrs.	Months	R IYEAR Days	Haurs	ER 24 HRS. Min.
10	during most of working HOUSE	ON (Give kind of wark of life, even if retired)	lane 10b. K	IND OF BUSINESS OR	INDUSTI	Czechoslov		country)	12. CI1	USA		COUNTRY
13	Joseph St	ceklik				14. MOTHER'S MAIDEN N Frances		el				
15	5. WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give wor or doles of	RCES? 16.	Social SECURITY NO None		Joseph Trur	nda	Address Reister	stown	n, Md		
		diate cause		for (a), (b), and (c).]	sion	1					VAL BETWEET AND DEA	
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 1 NO 15											
		JSE WAS NTRIBUTING 20 none		HOW INJURY OCCU	RRED. (Er	nter nature af Injury in Part	I ar Part II	af item 18.)				
MEDICAL	20c. TIME OF INJUI		While		focta	E OF INJURY (Home, farm, ary, street, affice bldg., etc.)		y or town)	(Co	ounty)		(State)
	21. I certify that I took charge of the remains described above, held an Autapsy, Inspection _X, Inquiry _K, and find that death resulted fram: Natural causes _X, Accident, Suicide, Hamicide, Undetermined cause											
	ACTUAL SIGNATURE 2	. D. Conf	elis			_M.D. CHIEF MEDICAL EX	000				DATE S	IGNED
	EXAMINER'S NAME (Type)	D. D. (CAPLES	6, M. D.		DEPUTY MEDICAL E		_		1	-16-	61
22	Ro. BURIAL, CREMATIO REMOVAL (Specify) Burial	Jan. 17,	1961	22c. NAME OF CEMET Druid Ric				TION (City, town, c	or county)		(State	0)
23	J. F. Elin		Reiste	ADDRESS erstown, Mc	1.		1 8 '61		TRAR'S SI		E	

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FOR STATE HEALTH DEPT.

TO DEF. 11 MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a play is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the transfer director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

376 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1)374

1-												-
1.	PLACE OF DEATH					2. USUAL R	ESIDENCE (Whare deceas			sidence bafore	admission)
	Baltimor	e		MA	RYLAND	a. STATE	land		ь. cour	timore		
	write RURAL and	oulside corporate limi give nearest town)	ts,	c. LENGTH OF		-]]		side corporel	e limits, writ	e RURAL and	give nearest to	own)
_	Catonsvill			15 ye	ars			sville				DECIMENTAL OF
	d. NAME OF HOSPIT		ir nor in nos	pitel, give street	eddress)	d. STREET A	IDDKE22					RESIDENCE A FARM?
_	2716 Frede	rick Road				2716	Freder	rick R	oad		YES [NO X
3.	NAME OF DECEASED	First		Midd	le	Last		DATE	Mont	h	Dey Ye	er
_	(Type or print)	STANLE			UCKER	DATE OF BIRTH		DEATH		1,1961	19	
1	Male	6. COLOR OR RACE	7. MARRIE		IN LA	eb.18,19			st birthdey)		eys Hours	ER 24 HRS.
	a. USUAL OCCUPATION	ON (Giva kind of work	10b, KI			RY 11. BIRTHPLA				12. CITIZ	EN OF WHAT	COUNTRY?
	lone during most of wor Asst. Custo		d)	Scho	no]	Uowra	rd Co.	Md				
1	B. FATHER'S NAME	KITEIII		Scire)OT.	14. MOTHER'S				-		
)	Alexander	Tucker				Mary J	ane Gri	imes				
11	S. WAS DECEASED EVE	7 44 44 44	CES? 16.	SOCIAL SECURIT	TY NO. 17.	INFORMANT	- CI	211000	Address			
0	res, no, or unkown) (If		ervice)	0 05 557	0 35	a Chas D		0-1-7	2 Deci	0-1		
-	Yes	WW 2 EATH [Enter only one	K L	2-05-751		s.Chas.F	owner,	Oaklan	d Road	Sykes		
	The Cartes of	WAS CAUSED BY:	causa per II	ine for (a), (b), a	na (c).j						ONSET AND	
		MMEDIATE CAUSE (e)		-		-	12					
	1420	DUE TO		0		·	1	rbn	10			
	Conditions, if eny,	which (b)	-	Coon	neur	N 11	Mor	1612				
	gave rise to immedia (a), steting the un	DITE TO										
	cause last.	(c)			(
Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO	EATH BUT NO	OT RELATED TO TH	E TERMINAL	DISEASE CON	IDITION GIV	EN IN PART 1		AUTOPSY
IF											YES T	ORMED?
IFIC,	20e. EXTERNAL CA	USE WAS 2	Ob. DESCRI	BE HOW INJURY	OCCURED.	Enter nature of inju	ary In Part I or	Part II of item	n 18.)		1 123	П
CERTIFICATION												
MEDICAL	Hour a.m.	RY Month, Day, Ye	ar 20d. I Whila at work			ACE OF INJURY (H tory, streat, offica b		20f. (City or	town)	(Count	γ)	(Slate)
П	21. I certify the	at I took charge o	of the rem	ains describe	d above, he	eld an Autopsy	, Insp	pection 🔏	, Inqui	ry 🔽	and in my	opinion
L	death resulted fr	rom: Natural ca	uses 🐼	Accident	, Suic	ide , Ho	micide ,	Undet	ermined n	nanner		
1	1	0/ 1		1/	11	CHIEF A	MEDICAL EXAM	AINER 🗆				
	ACTUAL SIGNATURE	Ver 12	ny	Cief	fer		ANT MEDICAL		101	10	DATE SI	GNED
	EXAMINER'S NAME (Type)	GEO.S	. M.	KILLIE	FER	/H K)	MEDICAL EXA	1.40	Jack	sor-	pron.	23,61
22	REMOVAL (Specify)		OF	22c. NAME OF	CEMETERY O	R CREMATORY	22d.	. LOCATION	(City, town	, or country	/ (5)	ate)
1	Burial	1-24-61		St.	Johns			Elli	cott	City.Md	1	
2	3. FUNERAL DIRECTOR			ADDRESS			24a. REC'D 81			SISTRAR'S SIG		
	F.C. Higinbo	othom, Ellic	cott C	ity	Md		DATE JAN	2 4 '61	(Chilbur S.	Trau4	
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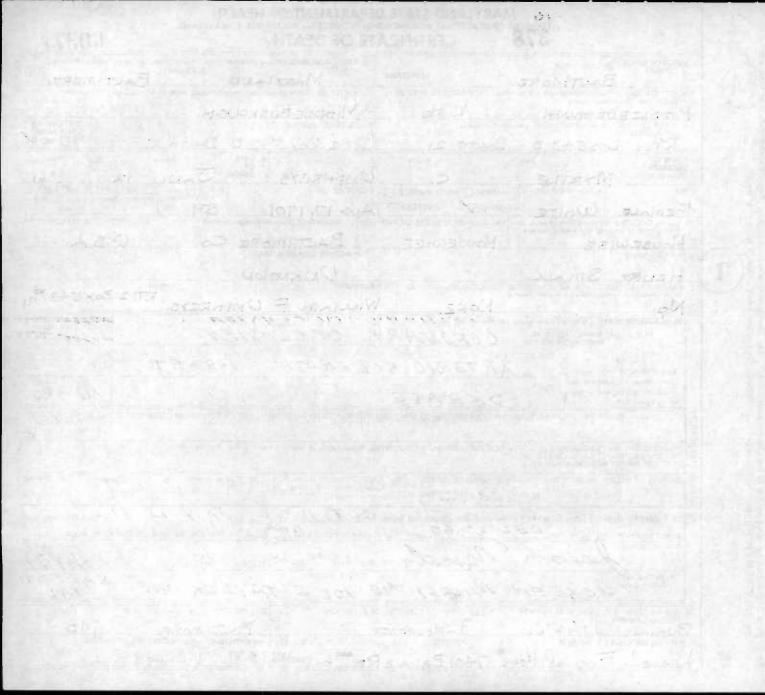
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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uires	gned	Derm	the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 hours after death.	
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TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 softer death. Page 4	may be the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to the funeral director.	4)		H
13	IN 7/3	7		

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institutio b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, write RU	JRAL ond give nearest town)
RURAL and give nearest town)	LIFE	Minn - Ba	new v Li	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		a. STREET ADDRESS	RROOST	e. IS RESIDENCE ON A FARM?
	9470 21,	RT 1 Box 5	43 B BALTO.	VEC TO NO TO
3. NAME OF DECEASED (Type or print)	Middle	UMPHREYS	4. DATE Mant OF DEATH JAN:	h Day Year 19 61
S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
t	_	1 - 15 1001	last birthday)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b		STRY 11. BIRTHPLACE (State	V 10	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even it retired)	1 22	-		-
	HOUSEWIFE	DALTIM		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
HEURY SMALL		UNKNO	ww.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. II	NFORMANT	Addr	
(Yes, no. or unknown) (If yes, give war or dates of service)	NONE	WILLIAM F	UMPHREYS.	RT. 1 Box 543. 721
18. CAUSE OF DEATH [Enter only one cause per I	ine for (o), (b), and (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ORONHRY	OCCLU	1510N	SUDDEN DET
DUE TO			NEW DUCKS	
Conditions, if ony, which)	RTERIO-SI	CLEROTIC	- HEART	
gave rise to immediate	1.2.0.0		,	
Course (a) station the made. > DUE TO	ISEASE			10 YRS
19				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition giv	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	Port I or Part II of item 1B.)	
	I.a.	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.		(County) (Stote)
	ork at work			
21. I certify that (I) (this haspital) atten	ded the deceased from	OCT 16 19	50 to VAN 1.	2, 1961, that (1) (we) last
saw the deceased alive an DEC	2 1960, and that	11152		
22a. SIGNATURE	and that o	death accurred at	M, from the causes and	d an the date stated above.
Joseph .	Bucelo	M.D. ATTENDING ME	ED. STAFF RECTOR PHYS.	1/13/61
22c. PHYSICIAN'S NAME (Type)	10	22d. ADDRESS		* BALTOZ
VOSEPH.	MIGETI WE	1. 108 8, 7	AYLOR A.	MD 34
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town, o	or county) (State)
BURIAL 1/14/61.	TARKWOOD	A	BUTIMORE	MD.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'I		TRAR'S SIGNATURE
I am O Ham	THAI RELIEF	DATEAN	1 6 '61 Cast	10 8 H



CERTIFICATE OF DEATH
1. PLACE OF DEATH a. COUNTY Baltimores MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltio
b. CITY OR TOWN (If autside carporate limits, write RURAL ond give nearest town) RURAL ond give-nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 345 Savarnah CLE. d. STREET ADDRESS ON A FARM YES NO
3. NAME OF DECEASED (Type or print) Majemilian H. Wache 19 (Type or print) Majemilian H. Wache 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthday) Months Days Hours M
100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country)
13. FATHER'S NAME? Wache 14. MOTHER'S MAIDEN NAME?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 13 INFORMANT Chacke 345 Savannah CuE.
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEE ONSET AND DEA 2 DUE TO
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. (b) arterno-sclerotic cardio- UE TO Vascular aliaease 11 gr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO
20a. ACCIDENT WAS UNDERLYING CORCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. P. m. 19 20e. PLACE OF INJURY (Home, form, form, foctary, street, affice bldg., etc.) foctary, street, affice bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fram. 6/3 1950, ta 1/4 1961, that (I) (we) sow the deceased alive an 1/3 1961, and that death occurred of M, from the causes and an the date stated about
22a. SIGNATURE) 22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22b. DAT SIGNATURE 22c. PHYSICIAN'S 22d. ADDRESS
NEME (Type) JOSE PH MICELI M.D. 108 S. TAYLOR AVE BALL.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town, or county) for , 7-1961 Oak Lawn Cemetry 2d. Date to . 2nd.
24 PUNERAL DIRECTOR'S SIGNATURE 256, REGISTRAR'S

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1 ×	A	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 3E	U	380 CERTIFICATE OF DEATH Reg. Dist. No. (0379)
I director, filed with	(IV	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before outplassion) o. STATE b. COUNTY
be be		b. CITY OR TOWN (I outside representations) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside represent the RURAL and give nearest town)
ors after de by the fund d 2 should	X	d. NAME OF HOSPITAL US not it to print, sife street ordiness) OR INSTITUTION OR INSTITUTION ON A FARM? YES NO
filled Filled Tond		3. NAME OF DECEASED (Middle WaFER OF DEATH CAN 3.4 196/
ed within 2 pletely fillers. Poges		6. COLON OR ACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. GG (In years last birthday) Months Days Hours Min.
execute nd composite deoth.		106. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OF INDUSTRY 11 BIRTHPLACE (Spie ar forging country) 12. CITIZEN OF WEAT COUNTRY?
tificate be physician ar nove corba	T	13. FATHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 17. MARY
h certifico ling physic se remove n 72 hours		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no. or unknown] (If yes, give wor or doles of service) 217260510MRS Hetmy M.WAFER SAME
he deat e attend en pleo nt withi		1B. CAUSE OF DEATH [Enter only one couse per lige for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH
d by the mit. Th		Conditions, if ony, which (b) Coronory aftery disease. 2+ yrs
ion. si signe usit per ond in o	0	gave rise to immediate cause (a), stoting the under- lying couse lost. DUE TO attherest claration (c)
The law physic has bee rrial-tro		PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS CUTOPSY PERFORMED? YES NO ACCIDENT WAS LINDSPINING TO 20th DESCRIPTION (COUNTRY).
cian: ifficate ifficate ifficate ifficate of the bu		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIA tal or a this cer or use as		20c. TIME OF INJURY Manth, Doy, Year Hour a.m. 19 While Norwhile at work at wo
NDING e hospi : After iched fo uriol, c		21. I certify that I attended the deceased from 1960, to 1960, to 1960, that I lost saw the deceased olive on 1960, from the causes and on the date stated above.
OR ATTE	-	ACTUAL SIGNATURE ADDRESS (Street, cit) or town stopen BATE SIGNED 1/26/6/
Shoul shoul		PHYSICIAN'S FRANK T. KASIKU BALTO 14 9Md.
may be o FUNEI page 3 the regi	1	220. BURIAL, CREMATION, 22b. DATE THEREOF, REMOVAL (Specify), 1/28/6/ LORRAINE PARK BALTIMORE MA
VS A15 (4) 15M 10/57	6	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE

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Avsician and completely filled in by the funeral remova carbon papers. Pages 1 and 2 should any event, within 72 hours after death. within 24 hours after TO HOLE AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death.

S > TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then pleasy remove carbon papers.

be filed with the State Dept. of Health prior to burial, cremation, or removal, and if

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 2003 801

CERTIFICATE OF DEATH

B	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission)
$\sqrt{1}$	O. COUNTY BALTIMORE MARYLAND	O. STATE MD. BALTO.
/	b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	write RURAL and give nearest town) ESSE	X ESSEX
1	d. NAME OF HOSPITAL/OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE
*	707 BAUERHSCHMIDT DR.	1707 BAUERSCHMIDT VES NO NA FARM?
	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
	(Type or print) O SORGETTE WAL	DHAUSER DEATH JAN. 17- 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	FEMALE WHITE WIDOWED DIVORCED 1.	DEC. 9-1890 70 yrs.
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
)	HOUSENIFE IT HOME	BALTO. MD.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JAMES 14. BOSTON	UNKNOUN
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. II. (Yes, no, or unknown) ((Ifyesgivewerordelesofservice))	NFORMANT Address
	VE	RNON PEPERSACK (SON)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONCUMENT	itosis 1960
	1910 DUE TO	
	Conditions, if eny, which (b) Caramono	of bladder 1959
	gave rise to immediate cause	
	(e), steting the underlying cause lest.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO NO
a	200, ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert 1 or Pert II of item 18.)
U	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour e.m. P.m. 19 et work et work	17/13/1007, 01/100 8/1007,
	21. certify that (I) (this hospital) attended the deceased from	Ol 1959 to 900-17, 1961, that (1) (we) last
		death occured at 3.3 M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE
	Harold Hourns	D. PHYS. DIRECTOR PHYS. SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
1	Harold H. Burns, M.D.	115 E. Eager Street
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stele)
	BURIAL 1-20-1961 BALTO. NATE.	CEMETERY BALTO. MD. 1/18/61
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	ofm & Comuly 418 Eastern Blod Balts ?	MD DATE Cithus & Known

1 4 181.3 188 TEX ENGINEERINGE DESCRIPTION DE Massarte Contract to the State of the State Carcingation 1980 Carolinam of Planter 1737 10 F1 at Harde H. Burney A.M. offers of Storage ANIA CONTRACTOR CONTRACTOR SERVICE CONTRACTOR OF THE SERVICE OF TH

MARYLAND STATE DEPARTMENT OF HEALTH 3 CONSISSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CLKIII	PICATE OF DEATH
1. PLACE OF DEATH a. COUNTY Baltimore MAR	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lansdowne	C. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Lansdowne
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 147 Elizabeth Ave.	d. STREET ADDRESS 147 Elizabeth Ave. 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED First Middle	lle Last 4. DATE Manth Day Year
(Type or print) Emma Bell Wallace	DEATH January 1, 1961
female 6. COLOR OR RACE 7. MARRIED NEVER MARR	Igst birthdoy) Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) housewife	OR INDUSTRY 11. BIRTHPIACE (Stote or fareign country) Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Griffin	Jessie Bell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) NONE	John Wallace 147 Elizabeth Ave.
gove rise to immediate cause (a), stating the under-lying couse lost. DUE TO (c) ROTIC B	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Doy, Year Hour o. m. p. m. 19 While of work of twork	20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) 20f. (City ar tawn) (County) (Stote)
21. I certify that (I) (this hospital) attended the deceased sow the deceased alive on Dec 27 1960, and 22a. SIGNATURE	d from. 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
Physician's NAME (Type) Enrique A. Herrera,	M.D. 22d. ADDRESS 6511 O'Donnell St., Balto., Md.
Burial 1/5/61 Woodlaw	wn Cemetery Baltimore, Maryland (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE HOWard H. Hubbard 4107 Wilker	ns Ave. DATE AN A '61 Callun & Kraus

TO HOSP VR A1S (4) 1SM 9/59

1.44 图 2012 1 2012 1 2012 1 2012 1 2013 1 2 man doll with the r, Jopele Bell L . 314 - 1015年11 . 李生,珍珠色花中间。 mint on a some of Miller to the out the second state of the second state of the second state of the second state of the second s sent and average of the demand of the later and the later House of the Market of the Market of the such

TO HOW TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

See death.

You will be detected by the hospital or attending physician.

You will be detected to use as the burial-transit permit. Then please remove carbon papers. Pages Jand 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in-any event, within 72 hours after death. within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDENCE (What	are daceased livad, If institution: F	Residence before admission)
a. COUNTY			a. STATE	b. COUNTY	
Baltimore		MARYLAND	Maryland		
b, CITY OR TOWN (if out write RURAL and give	neerest town)	c. LENGTH OF STAY IN 16	c. CITT OK TOWN (If outside	corporate limits, write RURAL end	give neerest town;
Fort Howar	d, Md.	15 Days	Baltimore 17	3	V 0 1 = 4
d. NAME OF HOSPITAL	OR INSTITUTION (if not in hos	spitel, give streat address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Voterone	Administration	Hognital	2126 Brookfiel	ld Arrania	YES NO
3. NAME OF	First	Middle	Last 4. DA		Day Year
DECEASED			OF		
(Type or print)	JAMES		ALLACE	January	11 19 61
5. SEX 6.	COLOR OR RACE 7. MARRIE	D NEVER MARRIED 3	. DATE OF BIRTH	9. AGE (In years IF UNDER 1	
Male	Colored WIDOWE	D DIVORCED	October 18,1917	lest birthdey) Months	Deys Hours Min.
10a. USUAL OCCUPATION	(Give kind of work 10b. K		Y 11. BIRTHPLACE (County & Sta		IZEN OF WHAT COUNTRY
dona during most of working	life, even if retired)				
Laborer	He	eating Company	North Carolin	na l	J. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Eddie Wall	ace		Mary MN: Unknow	m	
15. WAS DECEASED EVER IN	U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1		Address	
(Yes, no, or unkown) (Ifyass		(500 -3.			
		13-12-6739 Cli	n.Rec., VAH, Balt	to.18, Md. FORT H	
	TH [Enter only one couse per				ONSET AND DEATH
PART I. DEATH WA	EDIATE CAUSE (a) PULMO	DNARY CONGESTIC	N AND EDEMA		RECENT
1450	ARTER	RIOSCLEROTIC HE	ART DISEASE		UNKNOW
Tad.					OLD
Conditions, if any, w		IRDIAL SCARRING			CIM
(a), steting the under	DUIT TO				
cause lost.	(c)				THE CONTRACTOR
Z PART II. OTHER SIG	NIFICANT CONDITIONS CO	TRIBUTING TO DEATH BUT NO	e Right lower E	EASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
	itis-3 Days.	Sungical Absence	e Right lower E	ctremity.	PERFORMED?
Acute Infla	mmation Amout	ation Stump, Et	iology Undetermi	ned.	YES NO
PART II. OTHER SIGN TOXIC Hepat 20a. Acute Inflation of Contributing in Contribution in Contri	JNDERLYING DESTAUSE OF DEATH DICAL EXAMINER)	CRIBE HOW INJURY OCCURED	iology Undetermi	Part II of item 18.)	
₹ 20c. TIME OF INJURY	Month, Dey, Yeer 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, : 20f.	(City or town) (Cou	nty) (Stete)
20c. TIME OF INJURY Hour a.m.	While	THE TOTAL STREET	ory, street, office bldg., etc.)		
p.m.	19 et wo	rk et work			
21. I certify that	11) (this hospital) atten	ded the deceased from	Dec. 27 1960	to Jan. 11 , 19	that (1) (we) las
	alive on January	19.60 , and that	death occured and poom,	from the causes and on t	
22a. SIGNATURE	hun T. Fa	eelk m	.D. ATTENDING MED.	R PHYS.	22b. DATE SIGNED 1/12/61
22c. PHYSICIAN'S			22d. ADDRESS		
NAME (Type)	Arthur T. Fat	ilk . M.D.	WAH BATTO 18 M	TORT HOUARD	DIVIGION
CO CURLAT CREATER		23c. NAME OF CEMETERY		D, FORT-HOWARD	
23a. BURIAL, CREMATION, REMOVAL (Specify)	230. WATE THEKEOF			ECCATION (City, town or count	(31618)
Burial	1/16/6/	Baltimore Na	tional Ba	ltimore M	aryland
24 FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS	25a. REC'D BY I	REGISTRAR 256. REGISTRAR'S	SIGNATURE
A ma T of on order and	Dh:11: 1000	N Manage Ct	Balto. 1 PATEJAN 18	3 '61 Critima S.	Thank
Arlington	PHILLIDS LOUG	M. Mouroe pr.	Dat 10. Thuis		

meaning file to the second toole Forelities Tayer, Sagerical inqueres theby lower Supering. .benings. Union versity, ignored substantial edge.

Andrew property to Manager Bt. Enlag. No sales A

FOR STATE HEALTH DEPT.

TO DE Y MEDICAL EXAMINER: This certificate should be executed within 24 hours efter death. If the blay is necessary, please execute the cartificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the extend director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within methous efter death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
204 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	004							
1. PLACE O	F DEATH				hare daceased lived, If		ca before edmission)	
8. 000141	Baltimore	MARYL	a. STAT	Maryland	b. COUN	Baltimo	ore	
	R TOWN (if outside corporete lin	nits, c. LENGTH OF STA	r IN 1b c. CITY		e corporate limits, write			
Write I	RURAL end give nearest town)	THE RESERVE OF	X	Towson				
d. NAME	TOWSON OF HOSPITAL OR INSTITUTION	(if not in hospitel, give street eddre	ss) d. STRE	ET ADDRESS			I e. IS RESIDENCE	
				350/4 D1	1.0.1		ON A FARM?	
2 24 24 2 2	1706A Edgewood				gewood Road		YES NO	
3. NAME O	ED	st Middle	Las	01		Dey	Yeer	
(Type or p	VINC		WHI:	IE, JR.	EATH Janua		1961	
5. SEX	6. COLOR OR RAC	7. MARRIED A NEVER MARRIED	8. DATE OF BI	RTH	9. AGE (In years last birthdey)	The state of the s	IF UNDER 24 HRS.	
Male	White	WIDOWED DIVORCED	□ Sept	6 1920	40 yrs.	Months Days	Hours Min.	
10a. USUAL	OCCUPATION (Give kind of wo		INDUSTRY 11. BIRTH	PLACE (State or forei	gn country)	12. CITIZEN O	F WHAT COUNTRY	
done during	most of working life, even if retir	Plumber	Ma	ryland				
13. FATHER'S	S NAME			R'S MAIDEN NAME				
King W				Baughman				
	EASED EVER IN U.S. ARMED FO	DRCES? 16. SOCIAL SECURITY NO		and the second second	Address			
(Yes, no, or u	nkown) (Ifyesgive war or datasol	fservice)						
				White 170	5 Edgwood	The second second		
		na causa per line for (e), (b), end (c)	.]				ERVAL BETWEEN	
PAI	RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e	Diffuse coronar	y sclerosis	s with occ	lusion of	right		
1	1 1000	xx coronary arte	ry					
Condition	ns, if eny, which							
gava rise	to immediate cause				111-111			
(a), stati	ng the underlying							
		:) DITIONS CONTRIBUTING TO DEATH	BUT NOT BELATED TO	THE TERMINAL DIS	FASE CONDITION GIV	FN IN PART 1(a) 1	O WAS ALITOPSY	
PART VOILEY PRIMARY CAUSE C	II. OTHER SIGNAFICANT CONE	ATTOMO CONTRIBUTING TO BETTER	TOTAL RELATED TO	o the teamine bio	LAGE CONDITION OF		PERFORMED?	
<u>S</u>							YES X NO	
PRIMARY	TERNAL CAUSE WAS	206. DESCRIBE HOW INJURY OCC	CURED. (Enter natura of	injury in Part I or Pa	rt II of item 18.)			
	OF DEATH.							
0	E OF INJURY Month, Dey, Y		20e. PLACE OF INJURY		. (City or town)	(County)	(Stata)	
Ho Ho	p.m. 19	While Not While	lactory, sireer, on	to bidg., etc./				
	Patitia	of the remains described abo	ove, held an Auto	psy x Inspec	tion , Inquir	v П. and	in my opinion	
		causes X. Accident .	Suicide ,	Homicide .	Undetermined m		, op	
deam	esulled Itolii: Italiatal C	Accident						
ACTUA	. (1)	100 /2		EF MEDICAL EXAMIN	-466			
	SIGNATURE MAD. ASSISTANT MEDICAL EXAMINER							
EXAMI	NER'S D	E4 -1 36 D	DEP	UTY MEDICAL EXAM	INER	1,	16/61	
NAME		Fisher, M.D.	the same of the sa	lress (Street, city, tow				
22a. 8URIAL, REMOVA	CREMATION, 22b. DATE THER	REOF 22c. NAME OF CEMI	ETERY OR CREMATORY	22d. L	OCATION (City, town	, or country)	(State)	
buria		Rolle Mate	anal Camal	D.	altimono			
23. FUNERA		ADBRESS WELLS	onal Cemet	2 % REC'D BY R	EGISTRAR 246. REG	ISTRAR'S SIGNATU	JRE	
TITE .	1			DATE: 4 A M	1	2 11		
Ullri	ch Funeral Home	4210 Belair Roa	a	DOWN 1 9 'E	C.L	1 S. Kint		
		- OTGIT KOS	u					

THE TAXABLE PROPERTY OF THE PARTY OF THE PAR manual control of the Charles of Caronaca Cartific Time to no introduction with manager of the transfer or the tr מספסט מלציפונים ונדלכיים ו Margin Street S. Fight, 14.0. The same of the sa TO HOSP, OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be med by the haspital or attending physician.

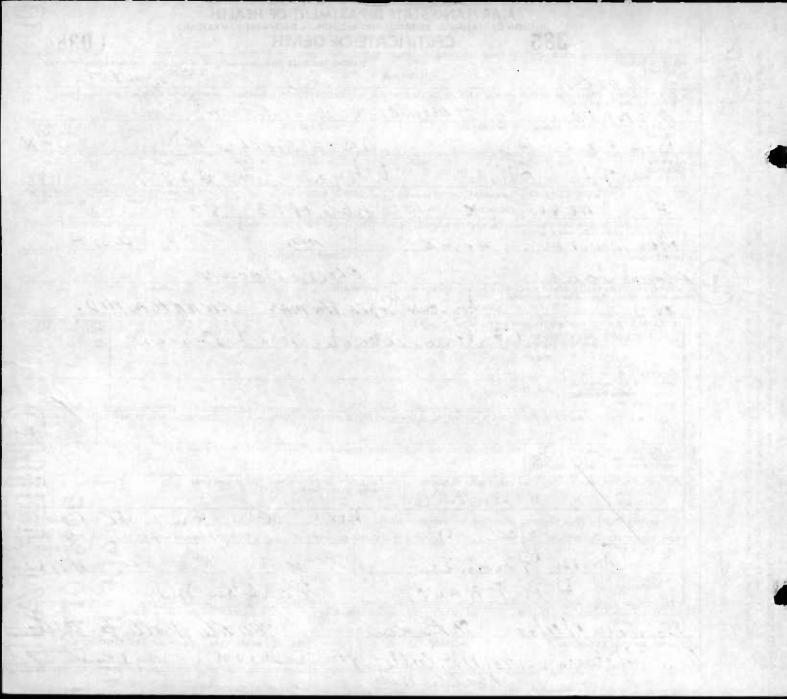
TO FUNE, AL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled may the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 haurs ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

00384

	1. P	LACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution b. COUNTY	an: Residence before admission)
)		Bahto	MARYLAND	(in	B. COUNTY	BATTO.
/	b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest jown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write R	URAL and give nearest tawn)
		A. NAME OF HOSPITAL (If nat in haspital, give street		d. STREET ADDRESS	V . O .	e. IS RESIDENCE
		OR INSTITUTION BEEFALLS RI		1BZG FA	LLS RI)	ON A FARM? YES NO
		NAME OF DECEASED Type or print) First Oliv	Middle L	Hye.	4. DATE Mon	7 Day Year 7 196/
	5. 5	EX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
		F NEFEU WIDOWE	<u> </u>	Feb. 6, 187	3 87 yrs.	Months Doys Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		HOUSEWEFE	HOME	121)		U.S. A.
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	1	ARRON JONES		OLZUZA /3	BROWN	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Add	ress
_	(102	en/ ()	ntrouw SAT	IF THE MAS	Monkt	on, mo.
		1B. CAUSE OF DEATH [Enter only one cause per lit	ne for (o), (b), and (c).	1		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	rterio sel	notic he	est deser	ONSET AND DEATH
-		DUE TO				
		Canditions, if ony, which (b)				
		gave rise to immediate couse (a), stating the under-				
		lying couse lost.				
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition give	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	RTIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESI	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in I	Port I or Port II of item 18.)	
~		(IF EITHER, NOTIFY MEDICAL EXAMINER)	THE RESERVE			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. II Hour o. m. While p. m. 19	Not while foc	CE OF INJURY (Home, form tary, street, office bldg., etc		(County) (State)
		21. I certify that (I) (this hospital) attend	led the decessed from	n: v. 19	60 to Class -	2_, 19.62, that (1) (we) lost
		saw the deceosed alive on	/)			nd an the date stated above.
		22a. SIGNATURE	ezzi/ <u>F_I</u> / and mar a	eom accorred ar	IN, Home causes at	22b. DATE
		U. M. of	40. 10	A.D. PHYS. MI	ED. STAFF PHYS.	1/7 SIGNED
		22c. PHYSICIAN'S		22d. ADDRESS	accion E Time E	
		NAME (Type) H. M. T	RANCE	Ya	Eleton ma	<u>/</u>
	23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City, town,	or county) (Stote)
		Junal /1/61	Ut. Frekle		Wervelon, In	Ille, Co. ILCA.
	124.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
	L	ner- 1. tehativan n - 1.701	111. aulit	DATE JA	N 1 0 '61 a	relling S. Kraus
		' /	salte. mo.			111111111111111111111111111111111111111

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 386 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY b. COUNTY e. STATE Baltimore Maryland 青い声 MARYLAND by the b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give neerest town) Fort Howard Days Baltimore .57 filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Veterans Administration Hospital Miland Avenue 3. NAME OF 4. DATE Middle Last complet DECEASED OF (Type or print) VERMONT DEATH WILLIAMS January withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | carbon B. DATE OF BIRTH last birthdey) and Months 1 Male Colored WIDOWED TX DIVORCED January 14 65 physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stele, or foreign country) гетоуе done during most of working life, even if retired) Laborer Retired Odd Jobs any Baltimore attending ph Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 pué Joseph Williams Adeline Wilkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Then (Yes, no, or unkown) | (Ifyesgive werordetes of service) Clinical Records, VAH, Baltimore 18, Md. removal Yes Fort Howard Division ng physician. permit. 1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) MYOCARDIAL INFARCTION burial-transit DUE TO ARTERIOSCIEROTIC HEART DISEASE aftending Conditions, if eny, which been geve rise to immediate ceuse DUE TO (e), steting the underlying has certificate har HYSICIAN: PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. CERTIFICATION as of ANEMIA. U EMIA 0 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) this ce 5 detached ined by MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. Month, Dey, Yeer 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. 50 et work et work may be retained. DIRECTOR: 3 should be del 21. I certify that (i) (this hospital) attended the deceased from INT. Dec. 22 60 ..., to January 19., 19.61 that (1x (we) last saw the deceased alive on Jan. 19 19.61, and that death occured 8: 12. M, from the causes and on the date stated above 22e. SIGNATURE ATTENDING STAFF MED PHYS. DIRECTOR PHYS. M.D. TO FUNERAL
director, page
be filed with th FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type VET. ADM. #8. BALTO-ISMD FT. HOWARD DIV. DONALDSON, M.D. FREDERICK S. 23e. BURIAL, CREMATION, I 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) death. DATE REMOVAL (Specify) Burial Baltimore National Cem. Baltimore 28

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTORY SIG

Cooper

N. Carrollton Ave. Balto. DATE JAN 25'61 23, Md.

. IS RESIDENCE ON A FARM?

YES NO

Yeer

19 61

Hours

INTERVAL BETWEEN

ONSET AND DEATH

UNKNOWN

HOURS

PERFORMED?

NO K

(Stete)

22b. DATE

20/6]

(Stete)

Maryland

SIGNED

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

Min.

Dey

Deys

(County)

Circling S. Mark

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

10

U. S. A.

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TO MEYA DESCRIPTION OF STREET

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	LACE OF DEATH . COUNTY	Baltimo	re	MAR	YLAND	o. STATE	ENCE (Where dece ryland	b. COUI	NTY	e before admi	ssian)
t	CITY OR TOWN (II RURAL ond give ne	f autside carporate limitarest town) Fullerton		Life	Y IN 1b		OWN (If autside callerton	rporate limits, wri	te RURAL and gi	ve nearest taw	m)
(OR INSTITUTION	Snyder I	ive street oddi	ress)		d. STREET AD	oress yder Lar	ie	133	ON	SIDENCE A FARM?
	AME OF DECEASED Type ar print)	Elean		Middl C •	е	Winkler	4. DAT OF DEA	TU .	Month	Day	Year 1967
s. s	ex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARK	. =	bate of Birth	1896	9. AGE (In yellast birthdo	IF UNDER	YEAR IF UND Days Haurs	ER 24 HR
	USUAL OCCUPATION during most of work Press FATHER'S NAME	ON (Give kind of work ing life, even if retired IET)	D OF BUSINESS Clothing	OR INDUST		Lto. Co.		12. CITIZ	US A	COUNTRY
	18. CAUSE OF DEA PART I. DEA Conditions, if or		use per line for Myo	O24-063 or (o), (b), and (c cardial	Mrs	arction	ide Schut	z Snyde	er Lane	ONSET AN	ETWEEN
CERTIFICATION	2.710.1	the under- CON) DITIONS <u>CON</u>							PERF	AUTOPS ORMED?
MEDICAL CERTI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR' Haur a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)	or 20d. INJUI	RY OCCURRED Nat while at wark	20e. PLAC	E OF INJURY (Herry, street, office		City ar tawn)		aunty)	(Sto
4	21. I certify tha	t (1) (this haspital ed alive an Ja) attended	the deceased		ath accurred	at 6 : PM, from MED. □ MED. □ DIRECTOR	m the causes		date state	
	NAME (Type)	Theodore	É. E	vans.M.	D.		60 Bela	ir Roa	d - 6.	- Md.	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. of director, filed with death. Page 1. PLACE OF DEATH ... 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 Pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ondegive nearest town) P d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION e. IS RESIDENCE d. STREET ADDRESS ON A FARM? N YES NO NAME OF Middle 4. DATE Lost Month Day Yeor DECEASED Fille Poges (Type or print) DEATH 196 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED R DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Doys Hours WIDOWED | DIVORCED MA - yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY death during most of working life, even if retired) puo ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL physician move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ottending CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: udden IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate DUE TO per couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) use foctory, street, office bldg., etc.) o. m. While Not while of work ot work 21. I certify that I attended the deceased from __:that I last saw the deceased and that death occurred at 4 190 M, fram the causes and on the date stated above. DIRECTOR: ADDRESS (Street-sity or town, state) DATE SIGNED ACTUAL SIGNATURE prior P PHYSICIAN'S NAME (Type FUNE m 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) he 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 1SM 10/57

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TO HC LAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MEDICAL CERTIFICATION

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DIVISION O			AND STATE	DEPA							
DIVISION O	F STATISTICAL	9	CERTIFICA	ATE (OF DEA		IREET, B	ALTIMORE	I, MARI	0038	18
PLACE OF DEATH	н			2	. USUAL RES	IDENCE	(Where dec			lança bafore a	Imission)
a. COUNTY	Baltimore		MARYLI	AND	a. STATE	Maryl	and	b. COUNT			-
	if outsida corporata limit d giva naarast town)	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (If o	utsida corpor	ata limits, write F	URAL and gi	ve naarest town	1)
Fort He			2 Days		Ba	altin	ore				11114
d. NAME OF HOSPI	TAL OR INSTITUTION (i	f not in hosp	ital, giva street address	s)	d. STREET ADD	DRESS		16	lal	. IS RE	SIDENCE FARM?
	Administra	tion I			3 N.		Street	t -3 v	01-	YES [NO XX
NAME OF DECEASED	First		Middle		Last	4	OF OF	Month	D	ay Yaar	
(Type or print)	CHAR		0.	WOI			DEATH	JANUAR			61
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ 8. C	ATE OF BIRTH			I- + 1 ' +1 J 1 -	Months Day		Min.
Male	White	WIDOWED			9/4/30			30 yrs.			
 USUAL OCCUPAT ne during most of wo 	ION (Giva kind of work orking life, even if retire		D OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE	(County	& State, or fo	oreign country)	12. CITIZEN	OF WHAT CO	DUNTRY?
Laborer FATHER'S NAME		Pr	inting	14	Tunnelto MOTHER'S MA				U.S	.A	
Hall:	ie Wolfe				Glad	tys S	chaffe	r			
WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16. 5	OCIAL SECURITY NO.	. 17. INE	ORMANT			Address			
Yes	PL 28		4-44-2127	Clin.	Rec. VAH	Balt	o.Md.I	t. Howar	d Divi	sion	
18. CAUSE OF D	DEATH [Enter only ona								1	INTERVAL BETY	
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)_	PI	TEUMONIA							4 Week	
49	3 V DUE TO								877		
Conditions, if any	y, which (b)										
gava risa to immadi (a), stating tha u											
causa last.	(c)_									Profile .	
PART II. OTHER	R SIGNIFICANT CONDIT	IONS CONT	RIBUTING TO DEATH	BUT NOT F	RELATED TO THE	TERMINA	DISEASE CO	ONDITION GIVE	IN PART 1(a	19. WAS A	JTOPSY
	CHRONIC ALC	OHOLIS	M								10 X
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURED. (E	ntar nature of inj	ury in Par	I or Part II o	of item 18.)			
20c. TIME OF INJU		Whila	Not While		OF INJURY (Hom, streat, office bld		20f. (City	or town)	(County)	(Stata)
p.m.	19	at work		, 7	lam l.	10	67 .	Inn 4	1067	11 11/6/	
	that (f) (this hospit sed alive onJ.A.							the causes a		date stated	above.
22a. SIGNATURE	226. SIGNATURE ATTENDING MED. STAFF 1/7/61 1/7/61 1/7/61										
22c. PHYSICIANS	V	MOELI	FATRICK, M.	D.	VAH,	_	o. Md.	Fort H	oward :	Divisio	n
BURIAL, CREMATI			23c. NAME OF CEM					TION (City, town		(St	ata)
Removal	1/7/6:		Mt. Israe			DECUE		nelton,		LA TURE	f
FUNERAL DIRECTOR			6009 Harfo		25	a. REC'D	1 0 '61	AR 25b. REGI	Lug J. T	LANGE	
m.Cook Bl:	ight Funera	1 Home	Balto.	Md.	DA	TE TI					

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Collinson F. Mostraffield, M.D. Vall, Balto, No. Fore Her and Distriction

Removed 1/7/61 Mr. James dreder, Name 10 of Court Williams. Cook Blight Suneral Home Enlarge Miles

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
390 CERTIFICATE OF DEATH

1.	PLACE OF DEATH o. COUNTY Baltimore MARYLAND				LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland							on)
	b. CITY OR TOWN (IF RURAL ond give nec	arest town)		c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 V 0 1 - 4.							
-		e-Catonsvi		address)		d. STREET A		-		10	1	. IS RESI	DENCE
	d. NAME OF HOSPITA							Λ				ON A	FARM?
1		the Pines		447.446				y Ave					
-	NAME OF DECEASED (Type or print)	Fit		Middle		Last		4. DATE OF DEATH	Mo		Doy		ear
-	(Type or print) Joseph Edward 6. COLOR OR RACE 7. MARRIED NEVER MARRIED					Wright	-		9. AGE (In years	30, 1			9 P 24 HPS
3.									lost birthdoy)	Months	Doys	Hours	Min.
	Male	White	WIDOWI		_ 0	an.25,18			84 yrs.				
100	during most of worki	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPU	ACE (Stote of	or foreign co	untry)	12. CIII	ZEN OF	WHATCO	DUNTRY?
	Self-Surge	on Dentist				Mary]							
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	Robert Wr	ight				Eller	n Pear	ce					
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. INF	ORMANT			Add	dress			
1	No	yes, give wor or duties or s		16-10-6744	M:	rs. Jose	eph Ed	ward 1	Wright-S	r. 28	OT W	hitn	ev A
F	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).	rock						INTE	RVAL BET	WEEN
		TH WAS CAUSED BY:	Pool	unontes 2	0	VA		_			ONS	LOZE	
	3317	IMMEDIATE CAUSE (c	1	,0,74,000	-	7					1	7 20	2
	Conditions, if on		300	ity + General	100-	alan a	tou	sele	dan				
	gove rise to in	nmediate		ing Paracas	rece	erre a	wer i						
	couse (o), stoting t	he under-)										
z	lying couse lost.	FR SIGNIFICANT CON	()()	CONTRIBUTING TO DE	THE BUILT A	LOT BELATED TO	THE TERM	NIAL DICEACE	CONDITIONICS	VENTURE DAD	T 1/2) 1	D VA/AC A	V29OTL
TIO	PART II. OTH	EK SIGNIFICANI CON	IDITIONS C	CONTRIBUTING TO DEA	AIH BUI N	OI KELATED TO	HETEKMI	NAL DISEASE	CONDITION G	VEN IN PAR	1 (0) 1	PERFO	RMED?
N.												YES	NO 💆
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE\$6	CRIBE HOW INJURY OF	CCURRED.	(Enter noture of	f injury in P	ort I or Port	Il of item 18.)				
MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye		NJURY OCCURRED		CE OF INJURY (I			or town)	(County)		(Stote)
MED	Hour o. m.	19	While of wor	Not while	Toch	ory, sireer, ornice	olog., etc.	1					
	_	(I) (this basnite	l) attono	led the deceased	fram	nos	10/	59 . ta	Jan 30	/ 10 /	5/ th	at (1) /s	val last
		- · · · · • • • • • • • • • • • • • • •	about.	18 19 51, and	A1 -4 -1-	-41	50		the causes a				
	saw the decease 220. SIGNATURE	ed dilve di		, and	rnar de	arn accurred	1 01 0	IN (IT CIM	rne causes a	na an the	e dare		DATE
	Bo		0,0			D. PHYS.	G ME	Ď.	STAFF				SIGNED
13	22c. PHYSICIAN'S	nacaj	arc		M	22d. ADDRE		RECTOR	PHYS.				
		R. BERNAL	d. J.	COHEN				plano	ler af	R			
230	BURIAL, CREMATION	N, 23b. DATE THEREC	OF .	23c. NAME OF CEMI	ETERY OR	CREMATORY	1	23d. LOCAT	ION (City, town,	or county)		(Stote)
E	Burial (Specify)	2/2/61		Greenmoun	t Ce	emeterv		Balt.	imore, M	arvla	nd		
24.	FUNERAL DIRECTOR'S	SIGNATURE	0	ADDRESS	1		250. REC'E	BY REGISTI	RAR 25b. REG	ISTRAR'S SI	GNATUR	RE	DAM!
2	m Ticken	eva Jeno	150	elto 17 Y	nd.		DATE FE	B 2 '6	1 a	when S.	France	A	

TO HOSPIC OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deoth. Page 4 may be and by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremotian, or remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	UJI CERTITICAT	O O O O
	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md . b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Baltimore
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Summit Nursing Home	d. STREET ADDRESS 4232 Nicholas Ave. #6 on a farm? yes \(\) NO \(\)
	3. NAME OF First Middle (Type or print) Frank A. Zolkowski	Last 4. DATE Month Day Year OF DEATH Jan. 6, 1961 19
	male White WIDOWED DIVORCED	Aug. 21, 1885 9. AGE (In yeors of birthdoy) Aug. 21, 1885 9. AGE (In yeors of birthdoy) Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUST during most af working life, even if retired) ret.Cont. Can Co.	Maryland U.S.A
ı	13. FATHER'S NAME John Zolkowski	14. MOTHER'S MAIDEN NAME Frances Saduski
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INI. (19s. no. or unknown) (16 yes, give wor or dates of service)	FORMANT Address Poris M. Popp 5233 Benson Ave. #27
	Canditions, if ony, which gave rise to immediate cause (o), stoting the under-lying cause lost. DUE TO Cut du lous 4 (b) DUE TO DUE TO (c)	probably cerebral
	3 Palmonery Emphy seme; Arterio scla	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? 10 STS CTARRY 21d Post 1 of Port II of item 18.) (Enter nature of injury in Port I or Port II of item 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (Stotory, street, affice bldg., etc.)
1	21. I certify that (I) (this haspital) attended the deceased framsaw the deceased alive an	eath accurred at M, from the causes and an the date stated above A.D. PHYS. DIRECTOR PHYS. 7 5 6 A.D. PHYS. DIRECTOR PHYS. 7 A.D. PHYS. PHY
	22c. PHYSICIAN'S NAME (Type) W. McGrath, M. D. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	22d. ADDRESS 1303 Frederick Ave. #28 R CREMATORY 23d. LOCATION (City, town, or county) (State)
	PREMOVAL (Specify) 1/10/61 Moreland Me 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Howard H. Hubbard 4107 Wilkens Ave	DATE JAN 9 '61 anily & Trave

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bays after death. Page 47 may be trained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,

STATE OF STAD PRINTED Car Concessor (ve. Palated I. . Provide gar, Conk. Com are, Lang. SIE OR BUYER THE PROPERTY TE TO SELECT A TENTO TO SELECT THE SELECT TH and the state of the state of the same

W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) lay is necessary, real director. Page of for your files. Board of Teath, a. COUNTY a STATE 6 COUNTY Baltimore MARYLAND OR TOWN (II outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, giva straat address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO T refained State Roland Reservoir death NAME OF Middle Month Day Year ould be executed within 24 hours after death. If any in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be retained-trensit permit. File pages 1 and 2 with the 5 burial-trensit permit. DECEASED OF (Type or print) DEATH Livingston 196] Robert Zouck Jan 9. AGE (In years I IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months M WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) U.S. Student Maryland MOTHER'S MAIDEN NAME 13. FATHER'S NAME Peter G. Zouck Katharine Symington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes. no. or unkown) | (If yes give wer or dates of service) Mrs. Peter G. Above This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) "pending" Examiner's (gava risa to immadiata causa DUE TO (a), stating the underlying 0 causa last pe nseq cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO P DESCRIBE HOW INJURY DECURED. (Enter nature of injury in Part 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: burial, CAUSE OF DEATH. 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Stata) lactory, street, office bldg., atc.) 0 Whila Not While Hour a.m. at work at work prior p.m 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry and in my opinion agent, Accident A Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER' NAME (Type Address (Street, city, town, or county) DEP 22a, BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) OI Q40 Ö Burial Baltimore St. Co. Johns 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME H.W. Jenkins & Sons Co. 4905 York Rd. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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